



Consent for Southern Oregon ESD School Psychologist Services

Parent/Guardian _____ Student _____

Referred By _____ Date _____

School Psychologists offer a wide range of services to schools, students, and their families. A request has been made to conduct the following activities for your child:

- Consent options: Counseling with a student, Observation(s) at school, Observation and/or interviews with teachers, student, and/or parents, Other: _____

This consent will expire at the end of the current academic year unless a parent requests that it be withdrawn earlier.

OR:

- Alternative consent options: A behavior screening to identify skills and strategies for behavior support in order to improve your child's educational experience, A screening for possible academic difficulties that may be affecting your child's education, Consultation and/or interview with _____ regarding possible interventions for academic and behavior success at school to encourage your student's educational progress, Curriculum-based measures and/or curriculum-based evaluation in academic areas for reading, written language, or mathematics, Other: _____

This consent will expire one calendar year from the date signed unless a parent requests that it be withdrawn earlier.

I understand that qualified personnel will provide services and a conference may be requested to discuss any conclusions or recommendations resulting from services. If you have questions or concerns regarding this request please contact the school psychologist at your child's school or call _____ at the Southern Oregon ESD School Psychology Department, 776-8554.

Please check one of the following statements and return to your child's school:

- Yes, I consent to the above services.
No, I do not consent to the above services.

Parent/Guardian Signature _____ Date _____