

PERMISSION FOR REVIEW

I, _____, hereby give my permission for
Parent/Legal Guardian/Surrogate

the Washoe County School District to respond to a request for assistance
for _____.
Name of Child

In giving my permission I understand that any or all of the following may occur:

- 1) Review of relevant records (releases of information will be included);
- 2) Interviews with myself or caregiver;
- 3) Observation(s) of my child; and/or
- 4) Assessment (such as curriculum-based, screening, and other appropriate measures to determine interventions).

I further understand and agree that the information collected by the school district will then be reviewed and the team will develop an intervention plan and designate the resources needed to implement these interventions.

A disability is not suspected at this time. However, if the team suspects that my child has a disability; my permission will be obtained for a multifactored evaluation.

Name of Parent/Legal Guardian/Surrogate

Signature

Date