**CONFIDENTIAL CONSENT FOR SPECIALIST INVOLVEMENT**

|  |  |  |  |
| --- | --- | --- | --- |
| STUDENT NAME: |  | GENDER: |  |
| BIRTH DATE: |  | AGE: |  |
| DISTRICT: |  | GRADE: |  |

Northeast Educational Services Cooperative (NESC) requires parental consent for the following school specialist,

*Name, Title*, to conduct *List what you are getting consent to do* for the student listed above, *Describe why you are seeking this permission to conduct* . This consent is voluntary and may be revoked at any time during the course of the year by submitting a written refusal to the school administrator.

☐ **I CONSENT** for the person identified on this consent form to be involved in the informal assessment of my child, and I understand this consent is voluntary and may be revoked at any time.

☐ **I DO NOT CONSENT** for the person identified on this consent form to be involved in the informal assessment of my child.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed: