



Educational Service Unit #17
207 N Main Street
Ainsworth, NE 69210
Phone: 402-387-1420

Consent for Specialist Participation

Educational Service Unit #17 requests parental permission for an educational specialist (including, but not limited to, school psychologist, guidance counselor, special education teacher, speech language pathologist, occupational therapist, physical therapist, early childhood specialist, school nurse, special education coordinator/director) to be involved in an observation, informal assessment, and/or individual or group intervention with my child, _____, as needed, to gather pertinent information to assist in educational planning for the needs of my child. These informal assessment measures may be administered to my child to help better understand his or her needs. I also understand that I may revoke my permission, in writing, at any time during the course of the school year.

This information is NOT for the purpose of a Special Education or Section 504 evaluation and/or verification. However, the information and assessment data may contribute to the Student Assistance Team decision to refer your child for such services.

_____ I give permission for an informal assessment of my child and understand this consent is voluntary and may be revoked, in writing, at any time.

_____ I do not give permission for an informal assessment of my child.

Parent/Guardian Signature

Date