



# EDUCATIONAL SERVICE UNIT No. 11

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HOLDREGE, NE 68949-0858

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## Consent for Specialist Participation

\_\_\_\_\_ (School or Teacher) requests parental permission for the following ESU #11 Specialist (ie. School Psychologist, Special Education Director, Behavioral Mental Health), \_\_\_\_\_, to be involved in the informal assessment and/or small group intervention of my child, \_\_\_\_\_ as needed, in order to gather pertinent information to assist in planning for the needs of my child. These informal assessment measures may be given to my child to help better understand his or her needs. I also understand that I may revoke my permission at any time during the course of the year, and I will submit my refusal to the building principal in writing.

\*\*Note: This information is NOT for a Special Education or Section 504 evaluation. However, the informal assessment of intervention may contribute to the Student Assistance Team's (SAT) decision to refer for such services.

\_\_\_\_\_ I give permission, and I understand this consent is voluntary and may be revoked at any time.

\_\_\_\_\_ I do not give permission.

\_\_\_\_\_  
Parent/Guardian (Print)

\_\_\_\_\_  
Parent/Guardian (Signature) & Date

\_\_\_\_\_  
Parent/Guardian Email

\_\_\_\_\_  
Specialist Email

\_\_\_\_\_  
Parent/Guardian Phone