



Educational Service Unit No. 11

412 W. 14th Ave. • P.O. Box 858
Holdrege, NE 68949-0858

Telephone (308) 995-6585 • Fax (308) 995-6587
www.esu11.org

Student Name:

DOB:

STUDENT ASSISTANCE PROCESS Permission for Specialist's Participation

The Student Assistance Team requests parental permission for :

To be involved in the informal assessment (observations, interviews, checklists, other data collection) and/or small group intervention (speech, counseling, academic) for the above named student administered by an ESU specialist (School Psychologist, Speech Language Pathologist, Occupational Therapist, or Physical Therapist).

_____ **I give permission** and I understand this consent is voluntary and may be revoked at any time.

_____ **I do not give permission.**

Parent Signature:

Date: