



STATEMENT OF CONSENT

FORM 1038a

Student's Name: _____ Birth Date: _____
Parent/Legal Guardian: _____ dd/mm/yy

I agree to assessment and/or provision of services for my child and/or family by personnel of Student Support Services, Regional Collaborative Delivery Services or contracted services.

Yes [] No []
Please check one

Services may include:

- [] Family/School Liaison
[] Family/Student Therapy
[] Speech and Language Therapy
[] Occupational Therapy
[] Other: (Please Specify) _____

Release of Information

I authorize release of relevant reports completed by educational and/or medical personnel on the above named student for the purpose of providing support for my child and/or family by Student Support Services, Regional Collaborative Delivery Services, or other contracted services.

Yes [] No []
Please check one

AND/OR

I authorize release of Student Support Services, Regional Collaborative Delivery Services, or other contracted services reports to relevant educational and/or medical personnel on the above named student for the purpose of providing support for my child and/or family.

Yes [] No []
Please check one

Parent/Legal Guardian: _____ Date: _____

Witness: _____

(Consent is valid for one year)