



**CONSENT FOR WRC'S INTAKE & ASSESSMENT DEPARTMENT
TO OBSERVE OR DISCUSS SCHOOL PROGRESS**

_____ Date: _____
(School or School District)

_____ Re: _____

_____ DOB: _____

The school your son/daughter attends is required by law to obtain a signed parental consent in order to allow any person, including Westside Regional Center staff, to observe or discuss school progress. If you would like WRC staff to continue having contact with the school, please sign the consent below and return this form to your Service Coordinator:

_____ WRC Contract Psychologist Name Intake Counselor Name

I authorize the _____ School District personnel to discuss the school progress of my son/daughter with Westside Regional Center psychologist.

Westside Regional Center staff may observe my son/daughter at school. (*For WRC Diagnostic / Eligibility purposes)

I give permission for the school to release the following information to Westside Regional Center: [Check box below]

IEP Speech/Hearing Evaluation Medical Evaluation

Psychological Evaluation Education &/or Diagnostic Evaluation OT, PT

Other (Specify) _____ *extended timed observation for Diagnostic / Eligibility purpose (no longer than 1 hour)

Signature/Firma Relationship/Relación Date/Fecha
Consumer, Parent, Guardian/Conservator

Cc case record