

Student Name _____

STUDENT ASSISTANCE PROCESS
Permission for Specialist's Participation

The Student Assistance Team requests parental permission for the

to be involved in the informal assessment (observations, interviews, checklists, or other data collection) for the above named student.

_____ **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 _____

Note: This permission is not for a special education or Section 504 evaluation. However, the informal screening may contribute to a Student Assistance Team decision to refer for such services. If you would like to receive information about either special education or Section 504, check on the following line:

___ I would like more information concerning ___ special education ___ 504

The state's policies regarding the amount and nature of student performance data collected and the general education services provided when a child participates in a process that assesses the child's response to scientific, research-based intervention is available at www.nde.state.ne.us/RTI/PDF/tadocprintable.pdf.

If you have any questions regarding this Permission form, or your rights, you may contact:

Name _____

School _____

Phone Number _____