



# VERMILION

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INSPIRING STUDENTS TO BE LEADERS AND LIFELONG LEARNERS

### Permission For Review/Assessments

I, as the parent, legal guardian, or surrogate, of \_\_\_\_\_, hereby give my  
Name of Child

permission for **Vermilion Local Schools** to conduct a review of relevant records and/or  
conduct assessments in order to provide information for one of the following areas:

- \_\_\_\_\_ Functional Behavior Assessment and/or Behavior Intervention Plan
- Or
- \_\_\_\_\_ Age Appropriate Transition Plan as part of the IEP

In giving my permission, I understand that any or all of the following may occur:

1. Review of relevant records
2. Interviews with student/teachers/guardians
3. Observation(s) of my child
4. Administration of formal/informal screenings/assessments
5. Other (Please specify): \_\_\_\_\_

I understand and agree that the information collected by the school district will be reviewed and the IEP team could develop one of the plans listed above.

I further understand that permission to conduct the screenings/assessments will be in effect for the **School Year** listed below.

I also understand that information obtained from these activities will be accessible to authorized school personnel and cannot be released to anyone without my written consent.

#### Check One:

\_\_\_\_\_ I give permission to conduct the screening/assessment

\_\_\_\_\_ I **DENY** permission to conduct the screening/assessment

This permission form will be in effect for the \_\_\_\_\_ school year.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_