

TO: Parent  
Records Control Officer

DEV-1

**Permission for Review**

I, \_\_\_\_\_, hereby give my permission for the  
Parent/Legal Guardian/Surrogate  
\_\_\_\_\_ School District to respond to a request for assistance  
for \_\_\_\_\_  
Name of Child

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

- 1) Review of relevant records (releases of information will be included);
- 2) Interviews with caregiver or myself;
- 3) Observation(s) of my child;
- 4) Assessment (e.g., curriculum-based, screening, and other appropriate measures to determine interventions); and/or
- 5) Other (please specify): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I further understand and agree that the information collected by the school district will then be reviewed and the team will develop an intervention plan and designate the resources needed to implement these interventions.

\_\_\_\_\_  
Name of Parent/Legal Guardian/Surrogate

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date