

Cen7ter

Parent Consent for Release of Information

Dear Parent/Guardian,

Your child _____,
(Name) (Date of Birth)

has been referred by _____,
(Name) (Title)

for possible placement at ESU 7 Cen7ter. In order to gather the necessary information, Cen7ter staff will review your child's existing medical records, special education records, and observe the student, as well as consult with you the parents and his or her educational team. If you would like additional information regarding this consent form, please contact ESU 7 Cen7ter Student Services Principal, Cara Neesen, or Special Education Director, Tami Clay. The contact information is listed below.

Please initial below and sign for consent for the following items:

_____ Observation of your child at their current educational placement and consultation with staff who are involved with your child.

_____ Release of educational records to the ESU 7 Cen7ter staff for review.

Parent Signature _____ Date _____

Cara Neesen
Student Services Principal - Cen7ter
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