

**DEER PARK INDEPENDENT SCHOOL DISTRICT
INFORMED CONSENT FOR SERVICES**

Student: _____ Campus: _____

Explanation of Services

In order to provide services to your child, informed parental consent is necessary. The information provided here describes the type of services being recommended for your child. If you understand and consent to these services, please sign this form indicating your permission.

Reason for Request of Services: Developmental Screening

Nature of Service(s) Proposed:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Assessment – Developmental rating scales | <input type="checkbox"/> Related Service (see IEP dated _____) |
| <input type="checkbox"/> Consultation | <input type="checkbox"/> Psychological Services |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Counseling |
| <input checked="" type="checkbox"/> Other (specify) <u>Classroom observations</u> | <input type="checkbox"/> Other (specify) _____ |

Purpose/Goals of Service(s): Conduct a developmental screening by having parent and teacher complete rating scales and doing classroom observations to determine level of intellectual and adaptive behavior functioning. The results from the screening will be used to provide recommendations and instructional strategies. If indicated, an evaluation to identify a disability condition (ex: Intellectual Disability) may be requested.

Parental Consent for Services

In order to proceed with the request for services described, we need your written consent. Please complete the following form to indicate your consent or non-consent to these services. If major changes in services are proposed, a new consent will be required.

- No Yes The services being offered to my child have been *fully explained* to me and I have had an opportunity to ask questions.
- No Yes I understand the *nature and purpose of services* being offered, the reason the services are being requested, and the *limits of confidentiality*.
- No Yes I *give my voluntary consent* for the services described and understand that I may withdraw my permission at any time.
If NO, please explain:

Parent/Guardian
Signature

Parent/Guardian
Printed Name

Date

Person explaining services
Signature

Person explaining services
Position

Date