



CONSENT TO PROVIDE SERVICES

Student's Legal Name _____

Date _____

Birthdate _____

Grade _____

I give consent for my child to receive Problem Solving/Response to Intervention Services.

I understand that diagnostic assessment, observation, and/or interviewing may be utilized to assist in planning for my child. I understand that a plan will be developed to assist my child in the general education program. This plan will be reviewed with me.

The reason this service is recommended has been explained. I understand that my consent is voluntary. I further understand that I may request a case study evaluation to consider special education services at any time.

Signature of Parent/Guardian Date