

INFORMED PARENTAL CONSENT FOR ASSESSMENT AND DIAGNOSIS

CONFIDENTIAL

Child's Name: _____ Date of Birth: _____

Grade: _____

I, _____, parent of _____

give my written consent to the MLS Counseling Department to make any initial classroom observations of my child.

I understand that my child has the right to receive services provided by the MLS Counseling Department as needed. If my child requires any of these services, I will be contacted by the school beforehand to work in unison with the Counseling Department.

I understand that MLS International has the right to discontinue my child's education in the school if my child:

1. becomes unsafe to himself/herself or others
2. is identified as needing further services provided by the Counseling Department and I, the parent, decline these services and support.

Parent's Signature: _____

Parent's Name: _____

Date: _____