

# Permission for Assessment

## Permission For Assessment

I give my permission for my child, \_\_\_\_\_,

to be evaluated and assessed by Fairclough Behavior Services LLC to determine initial and continuing eligibility for services. I understand that this information will also be used to identify my child's strengths and needs to provide appropriate intervention services and programming.

|   |                |
|---|----------------|
| Print Child's Full Name:                          | Child's D.O.B. |
|   |                |
| Parent / Guardian Signature:                      | Date:          |
|   |                |
|   |                |
| Fairclough Behavior Services LLC Staff Signature: | Date:          |
|   |                |