

Consent for Therapeutic Intervention

I, _____, give my consent as the parent/guardian of _____, for the following therapeutic intervention to be performed at Little Lambs Preschool & Daycare (First Assembly of God). In addition, I give my permission for my child's teacher and the therapist(s) to exchange information needed to help my child further develop his/her skills.

Child's Name: _____

Date(s) consent is effective for: _____

Person(s) and/or agency performing intervention: _____

Type of intervention (circle any that apply):

- Initial Evaluation
- Student Observation
- Annual Evaluation
- Therapy (note specifics below)

Parent/Guardian Comments:

Parent/Guardian Signature: _____ Date: _____