
Joe Chaddock
Superintendent

6057 Strip Avenue NW
North Canton, OH 44720



Vision - Service - Leadership

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James Carman
Treasurer

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To: Parent:

Permission to Review

I, _____ hereby give my permission for the
Parent/Legal Guardian/Surrogate

_____ to respond to a request for assistance for
School/District

Child's Name

In giving my permission, I understand that any or all of the following may occur:

1. Review of relevant records (releases of information will be included);
2. Interviews with caregiver or myself;
3. Observation(s) of my child;
4. Assessment (e.g., curriculum-based, screening, and other appropriate measures to determine interventions)
5. Conduct a Functional Behavior Assessment (FBA)
6. Other (please specify) _____

I further understand and agree that the information collected by the school district will then be reviewed and the team will develop an intervention plan and designate the resources needed to implement these interventions.

Name of Parent/Legal Guardian/Surrogate _____ Date: _____

Signature of Parent/Legal Guardian/Surrogate _____ Date: _____

*The referring professional will need to obtain the signature of the child's Parent/Legal Guardian/Surrogate, the completed form is to be sent to Carla Curran, Secretary Student Services Dept. 6057 Strip Ave. NW, North Canton, OH 44720 or emailed to Carla at Carla.Curran@apps.sparcc.org along with the referral form.