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Joe Chaddock  
Superintendent

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6057 Strip Avenue NW  
North Canton, OH 44720



*Vision - Service - Leadership*

www.starkcountyesc.org

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James Carman  
Treasurer

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Phone: (330) 492-8136 • Fax: (330) 492-6381  
Auto Attendant: (330) 493-6082

**To: Parent:**

### Permission to Review

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

\_\_\_\_\_ to respond to a request for assistance for  
School/District

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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](mailto:Carla.Curran@apps.sparcc.org) along with the referral form.