



Consent for Observation by NWSD Personnel

I/we, the parent(s)/guardian(s) of _____, D.O.B. _____ give permission for NWSD personnel from _____ School to observe lessons involving my son/daughter for one day and that I will be informed of that date ahead of time.

I understand that the sole purpose of this observation is to observe **teaching strategies** used by my child's school-based team. These strategies may be used to provide appropriate programming for other students in the NWSD.

I further understand that all personal information about my son/daughter will be kept confidential.

Please add other details as necessary:

Parent Signature: _____ Date _____

Principal's Signature _____ Date _____

School: _____