



29/07/2013

Consent for Observation by Student Support Services (SSS) Personnel

I/we, the parent(s)/guardian(s) of _____, D.O.B. _____
give permission for SSS personnel to observe lessons involving my son/daughter at
_____ (School).

I understand that the main purpose of this observation is to observe your child's learning behaviors within the classroom setting and response to teaching strategies. The results of these observations will be used to enhance classroom programming for 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/Guardian Signature: _____ Date _____

Teacher Signature: _____ Date _____

SSST Signature: _____ Date _____

Principal's Signature _____ Date _____

School: _____