



SCHOOL DISTRICT NO. 87 (Stikine)

P.O. BOX 190
DEASE LAKE, B.C. V0C 1L0
Tel. (250) 771-4440
Fax (250) 771-4441

SUPPORT SERVICES CONSENT FORM

Parent/Guardian signed permission is requested for the following services.

Student's Name: _____ Birth Date: _____

School: _____ Grade: _____

Please check the appropriate box:

- Speech Language Evaluation and/or Services**
- Psycho Educational Evaluation**
- Vision/Hearing Services**
- Occupational Therapy**
- Behavior Assessment**
- Counselor**

Parent/Guardian Signature: _____

Date: _____