



Consent To Share Information and Work in the Classroom

Consent to Work with your Child at School

I _____ (Parent/Guardian)
give Shannon Kushniruk consent to provide speech and language intervention
services to _____ (Child's Name) at school in a one-to-one or
group setting.

Parent/Legal Guardian Signature: _____

Date (yyyy/mm/dd): _____

Consent to Share and Obtain Information

I _____ (Parent/Guardian) give Shannon Kushniruk consent to
share/obtain information related to _____'s (Child's Name)
speech-language programming with the following people:

- Designated assistant(s)
- Classroom teacher(s)
- Other professionals currently working with the child (i.e.,
Occupational Therapist, Physiotherapist, Speech-Language
Pathologist, Psychologist etc.)

Parent/Legal Guardian Signature: _____

Date (yyyy/mm/dd): _____