



Consent of Service

If and when, such service is available and sessions are held.

Service Consenting for: (Please check where applicable).

Academic Assessment Yes ___ No___

Assistive Technology Yes ___ No___

Education/Behaviour Yes ___ No___

English/Urdu as a Second Language Yes ___ No___

Deaf or Hard OF Hearing & Educational Audiology Yes ___ No___

Psychology Yes ___ No___

School-Family Liaison Yes ___ No___

Speech/Language Yes ___ No___

Dental Checkup Yes ___ No___

Government Vaccination Drives Yes ___ No___

Student Information

Student Name: _____

Student Date of Birth: _____

Student SN/SID: _____

Parent/Guardians Information

Parent/Guardian's Name: _____ Phone Number: _____

Address: _____

Parent's Signature