

PART II- PARENTAL CONSENT:

I, _____, parent of _____,

having received services from school personnel of the Prince Albert R.C.S.S.D. #6 hereby consent to copies of the following to be released:

Behavioral Assessment Scale for Children - 2 (BASC-2) <input type="checkbox"/> Parent – Rating <input type="checkbox"/> Teacher – Rating <input type="checkbox"/> Self – Rating	Connor 3 Rating Scales <input type="checkbox"/> Parent <input type="checkbox"/> Teacher
<input type="checkbox"/> Other: _____	

This information will be used solely for the following purposes:

These documents will be forwarded to the following agency:

<input type="checkbox"/> Mental Health Centre Box 3003 Prince Albert, SK S6V 6G1	<input type="checkbox"/> Other: _____ _____ _____
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Dated at _____ this _____ day of _____, 20__

Parent/Guardian

Principal

Superintendent of Education
(Student Support Services)

Date