

Consent to Share Information

Student _____

Date of Evaluation _____

Evaluator _____

I give my permission to share the information with the following personnel:

Check all that apply

- Classroom Teacher
- Special Education Resource Teacher
- Student Support Team
- Other – please list

- I give permission to have this report placed in my child’s temporary cumulative file.
- I do not give permission to have this report placed in my child’s temporary cumulative file.

Parent Signature _____ Date _____

- | | | |
|--|--|--|
| <input type="checkbox"/> Barnsdale Road School
920 Barnsdale Road
LaGrange Park IL 60526 | <input type="checkbox"/> Congress Park School
9311 Shield Avenue
Brookfield IL 60513 | <input type="checkbox"/> Cossitt School
115 W Cossitt Avenue
LaGrange IL 60525 |
| <input type="checkbox"/> Forest Road School
901 N Forest Road
LaGrange Park IL 60526 | <input type="checkbox"/> Ogden Avenue School
501 W Ogden Avenue
LaGrange IL 60525 | <input type="checkbox"/> Park Jr. High School
325 N Park Road
LaGrange Park IL 60526 |