



Parent/Student Permission of Services Form

I, _____, (please print) give permission for a member of the
INSPIRE Clinic staff to conduct the assessment, consultation and/or related services for my child
_____. I understand that the Clinic staff person will
be a licensed school psychologist or licensed clinical psychologist with training in neuropsychology.

Parent/Guardian Signature: _____

Date: _____

Student Signature: _____

Date: _____