

Relationship to Client _____

Employer Name _____

Employer Address _____

Street City Zip

Occupation Years Employed _____

EMERGENCY INFORMATION

Name _____

Address _____

Street City Zip

Home Phone Cell/Other Phone _____

Relationship to student _____

Photograph or videotaping

I **grant / deny** Therapy At School, LLC permission to take a photo for this child's assessment file. (circle one)

I **grant / deny** Therapy At School, LLC permission to video tape tutoring sessions. (circle one)

I understand that these images will be used only for tutor evaluations and training. I further understand that if permission is granted, I may revoke this permission at any time by providing written notice to Therapy At School, LLC

SIGNATURE

Parent or Guardian Signature _____

Date _____

OFFICE USE ONLY

Initial Screening Date: _____

Assigned Tutor: _____

Session Start Date: _____

Retesting Date(s): _____

End Date: _____
