

Permission to Evaluate

Client's Name: _____ Date of Birth: _____

Phone Number: _____ Email: _____

This agreement is between the (Agency) _____

and (Client) _____ on the

date of _____.

I grant permission for _____ (Agency) to conduct an evaluation for (Client)

_____. I understand that this evaluation will be conducted

in the area(s) of _____

Name of Client/Parent (Print)

Signature

Date