



Carbon Lehigh Intermediate Unit #21

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Behavioral Health Assessment Parent Permission Form

Student's Name: _____ Grade: _____

Student's Date of Birth: _____

Parent/Guardian Mailing Address: _____

Parent/Guardian Phone Number: _____

_____ I **give permission** for my son/daughter to participate in a confidential screening conducted by the Mobile Assessor during school hours at my child's school building. I understand that the recommendations will be shared with the counselor/SAP Team. With signed release, this information will also be shared with me. I have the right to request to review the screening tool that will be used with my child.

_____ I **do not** give permission for my son/daughter to participate in a screening conducted by the Mobile Assessor. I understand that should I change my mind, I can contact my child's counselor.

Parent/Guardian Signature: _____ Date: _____

(A printed signature is acceptable.)

Helping Children Learn

"CLIU is a service agency committed to Helping Children Learn."