



PARENT PERMISSION FOR EDUCATIONAL ASSESSMENT

**As the parent/guardian of _____, I
give my permission to conduct an educational assessment for students with
vision impairments to be completed by a teacher of children with visual
impairments through the Educational Service Center of Northeast Ohio.**

Parent / Guardian Signature

School District

Date

The school district is to keep a copy and return the original to:

Attn: Dana Lambacher

Visual Impairment Program

Educational Service Center of Northeast Ohio

Essex Place

6393 Oak Tree Blvd. South

Independence, OH 44131

Email: Dana.lambacher@escneo.org

