



**PARENT PERMISSION FOR RELATED SERVICES**

As the parent/guardian of \_\_\_\_\_, I give my permission to conduct an Orientation and Mobility Evaluation. I understand that the evaluation is to be given by a certified Orientation and Mobility specialist 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](mailto:dana.lambacher@escneo.org)