



Consent for Brain Injury Consultant Support Referral for Educational Programming

As a way to best serve your child, _____, I, a Certified Brain Injury Specialist, am requesting consent to be involved with your child who attends the _____ School District. My involvement may include, but will not be limited to, the following:

- Interviews completed with the following as needed: student (if applicable), teacher(s), and parent(s)/guardian(s) regarding the student's educational program and medical information;
- Use of information gathering tools (e.g., cumulative file review, questionnaires, rating scales, review of previous treatments, and review of medical records);
- Direct observations of the student in school settings;
- Assist and coach in conducting assessments, if needed;
- Assist in the development of appropriate educational programming and/or training recommendations regarding brain injury;
- Provide professional development as needed to address student and/or school personnel needs;
- Collaborate with other consultants associated with the Division of Elementary and Secondary Education as necessary.

I greatly appreciate your involvement in this plan during each step of the process. The assessment results are confidential and will be shared with you and school personnel.

Parent Name

Parent Signature

Amy Goddard, MS, CBIS

Date