



CONSENT FOR ISE READING INTERVENTION PROGRAM

This information is collected under the authority of s.33 (c) of the Freedom of Information and Protection of Privacy Act. It is required to evaluate your application for reading intervention at ISE.

If you have any questions about the collection or use of this information, please contact the ISE Administrative Coordinator
Email: ise@ucalgary.ca

Client's Last Name: Client's First Name:

Date of Birth: Client's Grade in Fall:
Month Day Year

Name of Parent/Guardian of the Client:

Relationship:
Relationship:

Initial each item to signify your understanding of, and agreement with, the following statements:

- I have read and agree to the ISE Reading Intervention Program Conditions of Service as outlined on the ISE website.
I acknowledge that ISE is a teaching clinic and that all aspects of the reading intervention will be completed by student(s) under the supervision of qualified Faculty and staff within the School and Applied Psychology program, University of Calgary.
I hereby grant permission for staff of ISE to read and evaluate the information provided in the ISE Reading Intervention Application Form as a basis for determining eligibility and accepting this child for a screening appointment.
I agree to have the results of my child's screening and progress monitoring used anonymously for research purposes.

Name of Parent/Guardian

Signature of Parent/Guardian

Date