

CONSENT FOR 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 the Centre for Wellbeing in Education.

If you have any questions about the collection or use of this information, please contact the Centre Administrative Assistant.

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 Centre Reading Intervention Program *Conditions of Service* as outlined on the Centre website.

_____ I acknowledge that the Centre 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 the Centre to read and evaluate the information provided in the Centre 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