



Permission to Review

I, _____, hereby give my permission for the
Parent/Legal Guardian/Surrogate

Lemon Tree of Dayton LLC to review and reference educational and medical records for

Name of Child

In giving my permission, I understand that any or all of the following may occur:

- 1.) Review of relevant records (releases of information will include);
- 2.) Interviews with caregiver or myself;
- 3.) Observation(s) of my child;
- 4.) Assessment (i.e. curriculum-based, screening, and other appropriate measures to determine interventions); and/or
- 5.) Other (please specify): _____

I hereby authorize Lemon Tree of Dayton LLC to (check one):

_____ obtain educational or medical records from: _____

_____ release evaluation results and/or progress to the following: _____

Name of Parent/Legal Guardian/Surrogate

Signature

Date