



**DIVISION OF INSTRUCTION**  
*ADAPTIVE ASSISTIVE TECHNOLOGY*

**PARENTAL CONSENT FORM**

DEAR PARENT: The Admission, Review, and Dismissal (ARD) committee has requested assistance with planning and possible selection of adaptive assistive devices for your child. Information obtained from private service providers outside the Local Education Agency (LEA) does allow better integrated services for your child and is helpful for this service and the activities that follow. (Outside service providers may be private therapists or agencies such as: Scottish Rite Hospital, Easter Seal Society, etc.) Please complete the following items and **sign**.

Student's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ LEA \_\_\_\_\_

Yes  No I give permission for the Adaptive Assistive Technology Consultant to contact my child's service providers to obtain and share information.

My child receives services from:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Parent Authorizing Signature \_\_\_\_\_ Date

Please return this form to: Adaptive Assistive Technology Program  
Division of Instruction  
Region 10 ESC, Box 83100, Richardson, TX 75083-1300  
Fax: 972-348-1599

**Thank you**

It is the policy of Region 10 Education Service Center not to discriminate on the basis of race, color, national origin, sex or handicap in its vocational programs, services or activities as required by Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Education Amendments of 1972; and Section 503 and 504 of the Rehabilitation Act of 1973, as amended. Region 10 Education Service Center will take steps to ensure that lack of English language skills will not be a barrier to admission and participation in all educational programs and services.