



Observation Release

SHMDO will allow a professional resource (speech pathologist, occupational therapist, behavior therapist, etc.) to come to your child's classroom to observe with prior approval of parent/ guardian.

Please fill out the information below. Your signature gives permission for a professional observation.

Child's Name: _____

Observer's Name: _____

Observer's Title: _____

Observer's Organization: _____

Organization's Contact: _____

Date of Observation: _____

Parent's Signature: _____ Date: _____