

HAMMITT JUNIOR-SENIOR HIGH SCHOOL
1500 Fort Jesse Rd. Suite A
Normal, IL 61761

CONSENT TO OBTAIN SOCIAL SKILLS RATING

I, _____, hereby give consent to

_____ Public School

to complete the SSRS concerning _____ DOB _____
Student

To: Hammitt Junior-Senior High School, 1500 Fort Jesse Rd. Suite A, Normal, IL 61761
309-452-1790

This release is to allow the public school teacher to complete and return the Social Skills Rating System for Children to Hammitt High School. The resulting rating will be used to measure outcomes of the Hammitt High School Program by rating the student's social skills approximately 6 months after leaving the program.

It is understood that the person authorizing release of this information has the right to inspect and copy the information to be disclosed and that this information will not be redisclosed without proper authorization. The consequences, if any, of not signing this release are: _____

This consent is valid for one year from the date signed below and may be revoked at any time except to the extent that action has already been taken.

Signed _____ Date _____

Signed _____
(Witness)

My relationship to the person about whom information is to be released is: _____

Signed _____ Date _____
(Signature of person 12 years or older)