



LAWRENCE COUNTY CAREER AND TECHNICAL CENTER

750 Phelps Way, New Castle, PA 16101-5099 ♦ 724-658-3583 Fax 724-658-4753 ♦ www.lcvt.tec.pa.us

PERMISSION FOR ASSESSMENT

I, _____, authorize a representative of Lawrence County Drug & Alcohol Commission and/or Human Services Center to provide a free assessment for my son/daughter, _____ . I understand that the purpose of the assessment is to determine the future social and emotional needs of my child and what community service may best meet his/her needs. I further understand that the contact my son or daughter has with either of the above mentioned agencies will remain confidential. I maintain the right to revoke my child's participation in any agency screenings and assessment in the future if I so desire.

Parent/Guardian Signature

Date