



**Karen Conway, Ph.D., BCBA-D**

Licensed Clinical Psychologist

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### CONSENT TO RELEASE INFORMATION - IEE

Date: \_\_\_\_\_

I, the undersigned parent/legal guardian \_\_\_\_\_  
(print your name)

give permission for \_\_\_\_\_  
(print names of school teachers and/or staff)

to discuss my child's classroom performance (including but not limited to classroom conduct, social interaction with peers, playground behavior, academic performance, general demeanor in the classroom) with Karen Conway, Ph.D., BCBA-D.

Print Name of Child \_\_\_\_\_

Print Child's Date of Birth \_\_\_\_\_

Print Name Parent/Legal Guardian \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_