University of Central Florida
Center for Autism and Related Disabilities
UCF-CARD
12424 Research Pkwy Ste 365
Orlando, FL 32826
Phone: 407-823-6011/800-9-AUTISM
Fax: 407-823-6012

Observation Form

School/Program Information

Name: _____

Address: _____

_____
City State Zip

Phone: _____ Fax: _____

Student/Client Information

_____ _____ _____
Last First Middle

Address: _____

_____
City State Zip

Phone: _____ County _____

I, the undersigned, being legal guardian, hereby authorize UCF CARD staff to observe the above named child/adult in his/her classroom/program. I further grant permission for the school/program personnel to discuss with and provide the staff of the Center for Autism and Related Disabilities with all relevant information and records pertaining to my child/ward's academic and behavioral performance, including assessment findings and recommendations.

This authorization is valid only for the facility to which this form has been addressed and will expire only if revoked by myself. I understand that I may revoke this authorization, in writing, at any time. A photocopy of this signed form is acceptable and may be honored as the original.

_____ _____
Signature of Parent/Guardian Date