

Alternative Academic Achievement Academy



Freda McArthur, Director of Admissions
Wilson H. Pierce, Director of Operations

16801 Dixie Highway
Hazel Crest, IL. 60429

Phone: 708-206-0000
Fax: 708-957-5324

Dear Parent/Guardian:

At the **Alternative Academic Achievement Academy**, we believe that we must address both the behavioral needs of our students as well as their academic needs. When your child enrolled here, we informed you that our psychologist would meet with him or her.

Please sign the Consent form below so that Dr. Rashad Saafir, our psychologist, can schedule a meeting with your child.

PSYCHOLOGICAL CONSENT FORM

I, _____, am the parent/legal guardian of
(parent/legal guardian)

_____, who is _____ years of age.
(student)

I give Dr. Rashad Saafir, psychologist of the Alternative Academic Achievement Academy, my permission to do a psychological consultation with my child.

I understand that this information is completely confidential. Also, I understand that this information is for the sole purpose of addressing the behavioral needs of my child, in an effort to assist him or her to achieve social and academic success.

Signature: _____ Date: _____
(parent/legal guardian)