

# Parental Agreement for Social Service Evaluation

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

To Whom It May Concern,

I, **[Parent/Guardian Name]**, residing at **[Address]**, am the parent/guardian of **[Child's Name]**, born on **[Child's Date of Birth]**.

By this letter, I acknowledge and give my consent for **[Name of Social Service Agency]** to conduct a social service evaluation of my child. I understand that this evaluation may involve interviews, observations, and assessments to provide a comprehensive understanding of my child's needs.

I understand that the information gathered during this evaluation will be kept confidential and used solely for the purpose of developing appropriate services and supports for my child.

I am aware that I have the right to withdraw my consent at any time and request that my child's participation be discontinued.

Thank you for your attention to this matter. Please feel free to contact me at **[Phone Number]** or **[Email Address]** if you have any questions.

Sincerely,

**[Parent/Guardian Name]**

Signature: \_\_\_\_\_