

## Parental Consent for Minors to Participate in Focus Group

\*To be completed by parents/guardians of students who will be under the age of 18 as of May 1, 2017\*

**Do you give permission for your child to participate in a focus group to inform the vocational rehabilitation needs assessment for the state of Oregon?**

If yes, please complete the following:

**My child has my permission to participate in the vocational rehabilitation needs assessment focus group.**

\_\_\_\_\_  
Print Your Child's First Name

\_\_\_\_\_  
Print Your Child's Last Name

\_\_\_\_\_  
Print Your First Name

\_\_\_\_\_  
Print Your Last Name

\_\_\_\_\_  
Your Signature

\_\_\_\_\_/\_\_\_\_\_/2017  
Date