



Martha M. Frank, Ph.D., OTR/L, BCP  
Executive Director

**PERMISSION FOR EVALUATION  
PROGRAM YEAR 2020-2021**

I, \_\_\_\_\_, parent/guardian of  
child, \_\_\_\_\_, give permission for my child to be screened/evaluated for  
education, psychological, speech and language, and physical or occupational therapy needs as part  
of my child's educational program.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Program Sites: [wppkids.com](http://wppkids.com)

Clara Bacon School  
40 Henrietta Boulevard  
Amsterdam, NY 12010  
518-843-3003; 842-6472  
518-212-5008

Cobleskill Site  
395 North Grand Street  
Cobleskill, NY 12043  
518-234-8430; 234-8864

Delanson Site  
2841 Thousand Acre Road  
Delanson, NY 12053  
518-875-6724; 6141; 6142  
Fax: 518-875-6389

McNab Elementary School  
230 West Fulton St  
Gloversville, NY 12078  
518- 775-5777  
518- 775-5744

Schoharie Elementary School  
136 Academy Drive  
Schoharie, NY 12157  
Classroom: 295-6645  
Office: 518-295-6657