

AUTHORIZATION FOR AN OUTSIDE AGENCY TO OBSERVE A STUDENT

(to be obtained annually to accompany the ABA SW request form/confirmation of service document)

Date: _____

Student Name: _____ D.O.B. _____

PEN: _____ School Name: _____

Name of Individual / Agency: _____

Name of Observer: _____ Position: _____

Contact Information:

Phone: _____ Date and Time(s) of proposed Observation(s): _____

Purpose of Observation: _____

Who initiated the request for the observation? _____

How will the teacher be provided an opportunity to review and comment on the observations prior to sharing the information with the parents? _____

How will the information gathered be shared with the student's educational team (e.g., a team meeting, written report, etc.)? _____

What follow-up involvement will the observer have with the student? _____

I, _____, hereby authorize
(Parent / Legal Guardian)

_____, to observe my child,
(Name of Individual/Agency)

_____, in the school setting
(Name of Student)

_____.
(Name of School)

I understand that I may cancel my consent at any time.

As parent/legal guardian I, _____, also understand that I am responsible for paying the individual/agency for any costs associated with the observation.

Signature of Parent / Legal Guardian

Date

As an individual or representative of the following agency _____, I understand that prior to conducting any observations, it is my responsibility to confirm with the above named parents, any costs associated with conducting the observation.

Signature

Date

Classroom Teacher Signature

Integration Support Teacher Signature

Principal Signature