

Instruction

Exhibit - Request to Access Classroom(s) or Personnel for General or Special Education Evaluation and/or Observation Purposes

Student name: _____ DOB: _____

School attending: _____ Grade: _____

The following information must be completed by all parents/guardians requesting to access a school building, facility, and/or educational programs for the purposes of observing their student. Please complete this form and return it to the Building Principal or Program Director where the student is enrolled. He or she will contact you to coordinate your visit.

Parent/Guardian *(Complete this section if the person making the request is the parent/guardian.)*

Name: _____ Title: _____ Phone: _____

Address: _____

I am the parent/guardian of the above named student and wish to observe my child in the following classroom/settings: _____
for the purpose of: _____

I am the parent/guardian of the above named student and wish to observe the following classroom/settings which have been recommended for my child: _____
_____ for the purpose of: _____

Observations are limited to one hour or one class period per school quarter. You will be accompanied on this visit by your building principal or designee.

All Visitors must comply with school safety, security and visitation policies at all times. In addition, Visitors agree to uphold confidentiality of other students present in the classroom setting and agree to not disrupt the educational process within the classroom.

The following information must be completed by private assessors requesting to access a school building, facility, and/or educational programs or to interview District personnel or the student named above ***for the purpose of assessing the student's special education needs***. There are specific regulations and policies for when this occurs and this request will be considered in light of those by the District. Please complete this form and return it to the Building Principal or Program Director where the student is enrolled. He or she will contact you to coordinate your visit.

Parent's Independent Evaluator or Other Qualified Professional *(Complete this section if the person making the request is not the parent/guardian.)*

Name: _____ Agency/Company: _____

Phone: _____ Email address: _____

Address: _____

My professional training and/or licensure or certification, if applicable, is (check all that apply):

- Clinical Psychologist
- Licensed Clinical Social Worker
- School Social Worker
- Physical Therapist
- Audiologist
- Registered Nurse
- Teacher, certified in the areas of: _____ Illinois certified? Y N
- Other qualified professional (list credentials): _____
- School Psychologist
- Licensed Social Worker
- Occupational Therapist
- Speech/Language Pathologist
- Psychiatrist
- Certified School Nurse

I have been requested by the above named student's parent/guardian to conduct an evaluation of the student for the purpose of: _____

As part of this evaluation, I am requesting the following for the length of time noted (check all that apply):

- Observation of student in the following classroom(s)/setting(s): _____
Duration: _____
- Opportunity to interview the following personnel believed to work with the student: _____
Duration: _____
- Opportunity to interview the student.
- I will need more than one hour or one class period for my visit for the following reason(s): _____

- Student records, as noted in the attached, signed Authorization to Release Student Record Information.

Acknowledgement *(To be completed by the person making the access request.)*

I understand that the School District will allow me reasonable access to the school, school facilities, or educational programs or individual(s) I have requested as related to the purpose of my visit. I have been provided with a copy of 6:120-AP2, *Access to Classrooms and Personnel*, and agree to comply with its terms and conditions. I further understand that during my visit, I agree that I must honor all students' confidentiality rights and refrain from any re-disclosure of such records.

Individual Requesting Access Signature

Date

Parent/Guardian Verification *(Must be completed whenever an independent evaluator or other qualified professional requests access.)*

I, _____, am the parent/guardian of the above named student, and I confirm that I have requested an evaluation of my child by the individual named herein, for the stated purpose(s). If requested above, I consent to my child being interviewed by the named evaluator as part of this visit understanding that the District has not conducted a background check on the evaluator. I have no reason to believe the evaluator poses a safety risk to my child or others. I further understand and agree that it is my responsibility to notify the School District in writing if I end my working relationship with the named evaluator prior to the completion of the tasks outlined herein and that the School District otherwise will work with the evaluator to provide reasonable access to the school, school building, school facility, personnel or my child at mutually agreed upon times and in a manner that is least disruptive to the school setting or my child's academic program.

Parent/Guardian Signature

Date