

CONSENT FOR STUDENT SUPPORT SERVICES



Date: _____

Re: _____
(Student Name)

D.O.B.: _____
(Day / Month / Year)

School: _____

Teacher(s): _____

Increased support, in and/or out of the classroom, will be provided by a Student Support Services Teacher, a Classroom Teacher, and/or an Educational Assistant who will work with your child on specific skills, which may or may not be at grade level, to improve his/her academic success. Informal and/or formal testing may be required to assess your child's specific skill level.

Parent Statement:

I understand the program described above and if my child needs an Inclusion and Intervention Plan, it will be discussed with me.

(Parent / Guardian Signature)

(Date)