

Dear parent/guardian, we spoke on the phone/in person on _____. This is the form we discussed during our conversation. Thank you very much for your time.

Permission to work with the Davis School District Special Education Support Personnel

As parent/guardian of _____, I understand that by signing below I am providing informed consent for special education support personnel to conduct information gathering. I understand that the information obtained will be utilized and/or shared only with those individuals directly involved with my child.

I authorize special education support personnel to conduct the following methods of information gathering such as:

- Classroom observation(s)
- Student observation
- Assist with implementation of academic or behavior interventions
- Interviews
- Additional adult support/supervision
- Assistive Technology
- Other _____

These support services are provided **only** as they relate to educational performance.

I know that if I have questions I can contact _____ at _____.

** Section 53A-13-302, Utah Code, provides that parents must be notified at least two weeks prior to a school activity or planned discussion, which may cause a student to reveal private information. (Family Educational Rights & Privacy Act)*

(Please check one, sign, and return to the school)

I **DO** give permission for special education support personnel to perform the above activities and I agree to waive the two week requirement.

Parent/Guardian Signature _____

Date _____

I **DO** give permission for special education support personnel to perform the above activities, but I **DO NOT** waive the two week requirement.

Parent/Guardian Signature _____

Date _____

I **DO NOT** give permission for special education support personnel to perform the above activities.

Parent/Guardian Signature _____

Date _____