



Grants Pass School District 7  
725 NE Dean Drive  
Grants Pass, OR 97526

**PARENT CONSENT**

<b>Student Name:</b>	<b>DOB:</b>
<b>School:</b>	<b>Date:</b>

School staff have referred your child to the Response to Instruction and intervention Team (RTIi) in order to improve your student’s chances of success at school. As part of the RTIi process, various support staff may be involved in activities to assist the team with your student’s educational program.

Information gathered during these activities will be used for the purpose of considering your child’s educational needs and in determining what instructional strategies and educational programs best meets your child’s needs. This information will also be shared with you during later meetings.

This information will be treated with the same level of professional confidentiality as other student information.

Sincerely,

_____	_____	_____
(Name/Title)	(Phone number)	(Date)

\_\_\_\_\_ I **give** the District permission to have teacher(s) and/or specialist(s) observe my child in the classroom/school; provide feedback and information regarding my child’s educational needs through behavior rating scales and/or other means; conduct a functional behavior assessment and design a behavior intervention plan for my child if appropriate.

\_\_\_\_\_ I **do not give** the District permission for the above activities.

I understand that the purpose is not to consider my child for eligibility under the Individuals with Disabilities Act. I have been informed of the special education referral process so that I may make a request if I believe that my child should be evaluated for special education services.

_____	_____
(Parent/Guardian signature)	(Date – expires in 1 year)