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## Family-School Partnership Intervention Consent Form

Dear Parent, Guardian, or Family Member:

Our school is committed to supporting each student's success. We believe it is important for school personnel and parents/families to work together. If a student experiences a specific need at school in academics or behavior, we want to include you in the planning and monitoring of your child's education.

You are receiving this because the Student Support Team (SST), a classroom teacher, an interventionist, a teaching team, an administrator, a grade level team, or related school staff would like to discuss your child's needs and to problem solve with you about how the use of interventions may help to achieve academic or behavioral goals. Once your child engages in the intervention, data will be collected to evaluate the effectiveness of the intervention to address the identified concern. This ongoing progress monitoring information will be shared with you. Sometimes, interventions are provided by staff other than the classroom teacher, in a location other than the general education classroom. Sometimes, the intervention is provided with a small group of students, and sometimes, it is implemented individually.

We request your written consent to proceed with this agreement to use an assessment to gather more information. Please review the following information and sign below:

Student's Name \_\_\_\_\_ ID Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Specific Area of Concern:

Intervention(s) and Title of Staff Involved:

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_  
(expires after 1 year, unless permission is withdrawn)

*Please note: This Family-School Partnership form is to be reviewed and discussed with the student's family as a component of ongoing communication, planning, and implementation of supplemental supports. A copy of the signed document must be provided to the parent, guardian, or family member, and the school will retain a copy.*

