



**Inclusive Education – Rights and Responsibilities of Parent(s) / Guardian(s)
Appendix A – Informed Consent Form**

Informed Consent for

DISTRICT EDUCATION SUPPORT SERVICES TEAM DIRECT SERVICE

The School Education Support Services Team is seeking direct service from _____ (name/role), member of the District Education Support Services Team. The purpose of this consent is to acknowledge that this member of the District Education Support Services Team may engage in more intensive individual intervention, assessment or programming with your child outside of the classroom.

By signing below, I confirm that I have discussed with a member of the School Education Support Services Team, read and agree with the following:

Sharing of Information: I understand that information will be shared to better understand my child's strengths and needs.

Type of Supports: The District Education Support Services Team member may meet with my child for the purposes of assessment and/or intervention outside of the classroom.

Storage of Information: The information being shared is confidential and safeguarded to ensure security and prevention of unauthorized access, use and disclosure.

Length of Consent: I understand that my consent for this *request for service* with a District Education Support Services Team member is considered effective from the date of signing until August 31st of the current school year. I understand I have the right to cancel my consent at any time.

* **Please note:** *If consent is not granted, direct services with my child will not be provided. However, consultations between District and School Education Support Services Team may still occur.*

Student's Name: _____

Parent/Guardian Name [please print]: _____

Parent/Guardian Signature: _____

Date: _____

School Education Support Services Team member: _____