STATE OPERATED PROGRAM

 EDUCATIONAL CONSULTANT

RELEASE/PERMISSION FORM

STUDENT’S NAME: DATE OF SERVICE:

DATE OF BIRTH: HOME PHONE NUMBER:

HOME SCHOOL DIVISION / SCHOOL:

HOME ADDRESS: GRADE/PLACEMENT:

CITY/TOWN: STATE: ZIP CODE:

TEACHER/COUNSELOR:

This State Operated Program (SOP) provides educational consultative services for students seen in supported clinics across the Commonwealth of Virginia. These services are supported by the Virginia Department of Education and provided without charge.

By signing this form, I give permission and acknowledge that this SOP may:

 1) provide such services as deemed appropriate;

 2) conduct screenings of educational/developmental levels, as appropriate;

 3) perform any educational evaluations necessary;

 4) exchange educational, psychological, sociological, and medical information with the staff of this hospital/clinic and home school/agency staff; and

 5) obtain and/or provide follow-up information from/to the setting to which my child returns.

Upon request, I have the right to review the education file maintained on my child by this SOP supported program. I understand that the education file may be destroyed five years after my child’s most recent enrollment.

If applicable, I have the right to help in the planning of an Individualized Education Program should my child be determined eligible for special education services. Educational consultants are not required members of a student's school based eligibility team, Individualized Education Program teams, Child Study Teams, or to act in the role of advocates for parents and/or students.

I, the parent/guardian/surrogate of the above named student or eligible student grant permission as outlined above. I may withdraw this permission, in writing, at any time. I have received a copy of “Parents and Eligible Student’s Annual Notice of Rights Relevant to Student Files.”

DATE:

PARENT/GUARDIAN OR

ELIGIBLE STUDENT SIGNATURE:

 RELATIONSHIP:

 WITNESS:

**THIS AUTHORIZATION WILL EXPIRE ONE (1) YEAR FROM THE DATE SIGNED**.