



Inclusive Learning



FAMILY AUTHORIZATION to Observe Student and/or to Share Verbal Information About the Student as it Pertains to the Observation

I, _____, hereby authorize _____,
(Parent/Legal Guardian) (name of person and agency)

to observe my child, _____,
at _____.
(name of school)

I give permission for information to be shared regarding my child in support of student learning.

Please Note: A Consent for Release of Information Form must be signed for release of written information, reports, documents etc.

(Signature of Parent/Legal Guardian)

(Date)





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REQUEST FOR OBSERVATIONS By Community Service Partner

STUDENT'S NAME: _____

D.O.B. _____

SCHOOL: _____

DATE: _____

Written consent from the parent/guardian must be obtained prior to an observation and be attached to this form.

Name of Observer: _____

Position: _____

Employer: _____

Phone No.: _____

Email: _____

Date and Time Period of Observation: _____

The purpose of the observation is to support student learning across all environments.

How will the information gathered be shared with the student's school team? (i.e., a team meeting, a written report):

Teacher's Signature

Principal's Signature

