

PARENT/GUARDIAN REQUEST FOR AN EXTERNAL/PRIVATE SERVICE PROVIDER OBSERVATION

Date:		School:	
Student Name:			
Parent/Guardian Name:			
Name of External/Private Provider:			
Agency/Business Name:			

Purpose of Observation Provide a statement to clarify the purpose of the observation.

Observation Schedule List all dates and times that you are requesting for the external provider to observe your child, so that the appropriate staff can be informed.

The Eastmont School District values collaboration with outside external/private consultants in order to provide appropriate and effective programs to students. Occasionally, parents may request privately contracted consultants or therapists (referred to as “External Consultants”) to **observe** their child in a school setting. Whenever possible, the District will try to honor observation requests to the extent that it does not interfere with classroom instruction or building operations.

In order to safeguard students and minimize disruption to instruction, complete these two forms listed and return them to your child’s IEP Case Manager:

- Parent/Guardian Request for an External/Private Service Provider Observation
- Consent for Mutual Exchange of Information

Agreements

- 1. I understand that all observations by the External/Private Service Provider listed above are to be **pre-arranged** with and approved by the building Administrator and IEP Case Manager.
- 2. I understand that the External/Private Service Provider listed above MAY NOT provide direct services to students during school hours.
- 3. I understand that the External/Private Service Provider listed above is required to follow all District policies and may not discuss the performance or actions of any other student (not listed above).
- 4. I understand that this request must be repeated and approved annually, and is subject to limitation and refusal by the building principal or district administrator.

Parent/Guardian Signature

 Date