 "WE MEET YOUR NEEDS"

1-888-4KIDS-77

**www.schoolhouselearningcenter.net**

The following people have my permission to work with my child at Schoolhouse Learning Center. I understand that Schoolhouse requires photo identification and current clearances or a letter from their employer certifying that they have all appropriate and current documentation.

Please complete a new form any time a new practitioner begins to work with your child.

**OFFICE USE ONLY**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **NAME and email address** | **TITLE & ORGANIZATION** | **Photo**  **ID** | **FBI** | **Child**  **Abuse** | **State Police** | **NSO**  **Registry** |
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Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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INDIVIDUALIZED EDUCATION PLANS (IEP) & INDIVIDUALIZED FAMILY SERVICE PLANS (IFSP)

INFORMATION SHEET

Child's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your child's growth and development is measured with developmental assessments. If your child currently has an IEP/IFSP, it would be beneficial to share a copy of this plan with us so we can provide consistency in your child’s care.

You do not have to provide this information if you do not wish to do so.

My child \_\_\_\_\_has \_\_\_\_\_does not have an IEP/IFSP

(If your child does not have an IEP/IFSP, you can skip to the end and sign the form.)

\_\_\_\_\_ I am providing a copy of my child's IEP or IFSP.

\_\_\_\_\_ I am not providing a copy of my child's IEP or IFSP

\_\_\_\_\_I give my permission for any one working with my child to communicate with Schoolhouse

Learning Center regarding my child’s plan and for a representative from Schoolhouse to be

present at any team meetings regarding that plan.

A conference with your child’s teacher is required prior to your child’s enrollment at any of our centers.

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

Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*If any practitioners will be working with your child at our center, you must provide their contact information on the following form. All visitors must provide Schoolhouse Learning Center with photo identification and proof that they have valid background checks and clearances.