

Parent Authorization for School Psychologist Services

Washington County School District

Student _____ School _____

Parent _____ Telephone Number _____

The IEP team at your school has determined that psychological services are needed to provide specialized instruction for your student. The School Psychologist or other qualified personnel will help address goals and social-emotional concerns over the course of the current IEP. If you would like to review this material, please make an appointment with the School Psychologist.

The School Psychologist/Licensed Clinical Social Worker will assess for IEP counseling goals using observations, informal assessments, or formalized assessment to determine progress.

Please be aware the service providers have a responsibility to ensure that an appropriate administrator is informed of any information that concerns potential problems or at-risk situations that might occur. Information concerning life-threatening situations will always be shared with the parent/guardian and may be shared with other appropriate school personnel only on a need-to-know basis. Information regarding a student's drug or alcohol use will be reported to the parent/guardian. State law requires that information suggestive of child abuse must be reported to the appropriate government agency.

Under Utah Code, Section 53A-13-301 and 53A 18-302 of the Utah Family Education Rights and Privacy Act, school district personnel are required to have your consent as parent or legal guardian, except in response to a situation which a school employee reasonably believes to be an emergency or by order of a court, if psychological information is discussed with your child.

This permission is valid during the current IEP unless one of the following occurs: (1) the student completes or is no longer eligible for the program for which permission was granted; or (2) a written Revocation of Services Form is completed and submitted to the IEP team.

 Parent/Guardian Signature

Date

I give consent to waive the two-week waiting period so the services may begin immediately: _____ (initial here)

 School Psychologist/Provider's Name

 Contact Number