

Lincolnshire-Prairie View School District 103
Administration Offices

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<http://www.d103.org>



Katie Reynolds, Ed.D.
Superintendent

Gina Finaldi, Ph.D.
Director of Student Services

Request to Access Classroom(s) or Personnel for Special Education Evaluation Purposes

Student name: _____

DOB: _____

School attending: _____

Grade: _____

The following information must be completed by individuals requesting to access a school building, facility, and/or educational programs or to interview District personnel or the student named above for the purpose of assessing the student's special education needs. Please complete this form and return it to the Building Principal or Program Director where the student is enrolled. He or she will contact you to coordinate your visit:

Parent/Guardian *(Complete this section if the person making the request is the parent/guardian.)*

Name: _____ Title: _____ Phone: _____

Address: _____

I am the parent/guardian of the above-named student and wish to observe my child in the following classroom/settings: _____ for the purpose of: _____

I am the parent/guardian of the above-named student and wish to observe the following classroom/settings which have been recommended for my child by his/her IEP team: _____ for the purpose of: _____

NOTE: Observations are limited to one (1) hour or one (1) class period per school trimester for each student

Independent Educational Evaluator or Qualified Professional On Behalf of the Parent/Guardian

(Complete this section if the person making the request is not the parent/guardian.)

Name: _____ Agency/Company: _____

Phone: _____ Email address: _____

Address: _____

My professional training and/or licensure or certification, if applicable, is (check all that apply):

- | | |
|--|--|
| • Teacher, certified in the areas of: _____ Illinois certified | • Yes • No |
| • Clinical Psychologist | • Behavioral Specialist |
| • Licensed Clinical Social Worker | • Other qualified professional (list credentials): |
| • School Social Worker | • School Psychologist |
| • Physical Therapist | • Licensed Social Worker |
| • Audiologist | • Occupational Therapist |
| • Registered Nurse | • Speech/Language Pathologist |

- Psychiatrist

- Certified School Nurse

- Assistive Technology Specialist

I have been requested by the above named student's parent/guardian to conduct an evaluation of

the student and/or the student's performance (describe nature of evaluation being conducted):

the student's current educational program services or environment

any other educational program, placement, services or environment proposed for the student.

As part of this evaluation, I am requesting the following for the length of time noted (check all that apply):

Observation of student in the following classroom(s)/setting(s): _____

Duration (indicate one hour hour or one class period): _____

Opportunity to interview the following personnel believed to work with the student or who work in a program proposed for the student by the IEP team (date/time/place of interview must be mutually agreed):

Staff Person Name/Position

Requested Time for Interview

Opportunity to interview student

Requested Time: _____

Student records, as noted in the attached, signed Authorization to Release Student Record Information

Acknowledgement *(To be completed by the person making the access request.)*

I understand that the School District will allow me reasonable access to the school, school facilities, or educational programs or individual(s) I have requested as related to the purpose of my visit. I further understand that during my visit, I must honor all students' confidentiality rights and agree to refrain from any re-disclosure of any information regarding other students that is obtained during my visit. I also understand and agree that I am not to communicate with the child being observed, other students, and/or school personnel during the observation.

Individual Requesting Access Signature

Date

Parent/Guardian Verification *(Must be completed whenever an independent educational evaluator or qualified professional on behalf of the parent/guardian requests access.)*

I, _____, am the parent/guardian of the above-named student, and I confirm that I have requested an evaluation of my child and/or his/her current or proposed program by the individual named herein, for the stated purpose(s). If requested above, I consent to my child being observed and interviewed by the named evaluator as part of this evaluation understanding that the District has not conducted a background check on the evaluator. I have no reason to believe the evaluator poses a safety risk to my child or others. I further understand and agree that it is my responsibility to notify the School District in writing if I end my working relationship with the named evaluator prior to the completion of the tasks outlined herein and that the School District otherwise will work with the evaluator to provide reasonable access to the school, school building, school facility, personnel, or my child at mutually agreed upon times and in a manner that is least disruptive to the school setting or the academic program of my child and/or other students. I also understand and agree that the evaluator is not to communicate with my child, other students, and/or school personnel during the observation.

Parent/Guardian Signature

Date