

Odyssey Community School

Permission for Behavior Education Program (BEP)



Date: _____

Student: _____

Grade: _____

Teacher: _____

Parent/Guardian: _____

I would like to include your child in our Behavior Education Program intervention, known as Check In- Check Out.

A report will be filled out daily by your child's teacher(s) and checked at the end of the day by our BEP coordinator, _____. Students will need to pick up their daily chart every morning between 7:30 and 8:00 A.M. and then return to _____ classroom for check out between 2:35 and 2:45 P.M.

As parents, you are responsible for making sure your child arrives on time each day for check-in and that you review the daily progress chart each night. Nightly check-ins should focus on the positives of the child's day. Together, we can make this a rewarding and positive experience for your child.

_____ I **do** give consent for _____ to participate
(Child's name)

_____ I **do not** give consent for _____ to participate.
(Child's name)

(Parent/Guardian)

(Date)

For further information, please contact:

Lisa Kimyachi
(860)-645-1234 x 172
LKimyachi@odysseyschool.org