Linn Benton Lincoln Education Service District • 905 4th Avenue SE • Albany, Oregon 97321 • Phone: 541-812-2600 • Fax: 541-926-6047 • www.lblesd.k12.or.us

PARENT PERMISSION FOR BEHAVIOR CONSULTANT SERVICES

STUDENT: ______________________________ BIRTH DATE: ___________________________

GRADE:___ SCHOOL: _________________________ TEACHER: ________________________

TEACHER EMAIL ADDRESS:____

SPECIAL EDUCATION IDENTIFIED: (***Circle one***) YES NO In Process

Eligibility Category(s) _________________________ _________________________

504 PLAN: (***Circle one***) YES NO

REFERRED BY: ______________________________ DATE:____________________________

PARENT NAME: ____

PARENT ADDRESS: ____

Phone:____________________Cell:________________ e-mail:_____________________________

This is to inform you that your child is being referred for student support services to enhance educational success.
The referral was made for the following reasons: (**Please be specific.**)

I authorize the use of Student Support Services for the following purposes:
(PARENT – Please initial next to each authorized service.)
______ Review of student records
______ Consultation and coordinated services with parent(s), school personnel and/or youth
______ Classroom observation, behavior assessment, behavior planning
______ Counseling individual and/or group
______ Functional Behavior Assessment/Behavior Support Plan

If it is determined that your child is in need of additional services, you will be contacted for your written permission. A written record of these services will be placed in your child's school records. You have rights regarding your child's school records, such as the right to review or amend the records and receive copies. The record will be maintained for five years after the school year in which the record was created. After that time the record will be destroyed, unless a parental request is made to retain the record. **This permission form is valid for one year from date of signature, unless specified.**

Please sign here:

Permission is given for services.______________________________ ____________________
(parent/guardian signature) (date)

Permission for services is denied. ______________________________ ____________________
(parent/guardian signature) (date)

Authorized District Signature (if applicable) ____

Tonja Everest Superintendent | Frank Bricker Board Member | David Dowrie Board Member | David Dunsdon Board Member | Janet E. Doerfler Board Member | Roger Irvin Board Member | Terry Deacon Board Member | Heather Search Board Member