

936 West Michigan Avenue
Jacksonville, Illinois 62650
Phone: 217/245-7174
Fax: 217/245-5533
www.frased.org



Four Rivers
Special Education District

Early Childhood Student Observation Consent Form

Student Name _____ Birthdate _____

Parent/Guardian Name(s) _____

Teacher _____

Early Childhood Class Location _____

Your child has been referred for an observation. Four Rivers or the home district school staff will observe your child to offer suggestions to school staff to assist with meeting the educational needs of your child in the current classroom. This information may be shared with the child's multi-tiered system of support (MTSS) if applicable. Please complete this form and return to the classroom teacher.

I give consent for the observation(s).

I do not give consent for the observation(s).

Parent/Guardian Signature

Date

I understand that I can revoke my consent at any time. If I do not revoke this consent, it will expire automatically one year after signature of this form.

Four Rivers Special Education District
Early Childhood Clinic
Student Observation Form

Please complete the form for a student observation in an early childhood setting. This will assist the observer in planning for interventions and a time to visit the classroom. Please have the parent complete the consent form. Fax both forms to Cindy Moore @ 217-245-5533 or scan to cmoore@frsed.org. To provide more information about the student, you may contact Kim Nelson at 217-245-7174 ext. 230.

Child's Name _____ Birthdate _____ Age ____ Language _____

Program _____ Teacher's Name _____

Days and times child attends _____

How long has the child attended the program? _____ Does the child have an IEP? _____

Does the child receive any of the following services? Speech/Language OT PT Other _____

Any significant background information (medical, social, etc)? _____

What are the behavioral concerns? (try using "ing" words – hitting, throwing, spinning, etc.) _____

What setting and actual time does the behavior occur? (Circle time: 9:00 -9:15, Center time: 1:00 – 2:00, During transitions: Throughout the day, Snack: 10:00 – 10:15, Gross motor 2:45 – 3:00, etc.) _____

Have any interventions been tried? _____ How long have the interventions been tried? _____

What interventions have been tried? (visual supports – pictures for transitioning, routine, etc.; removal from the environment; positive reinforcement; social scripts; etc.) _____

How has the child's behavior changed since implementing the interventions? _____