

FOUR RIVERS SPECIAL EDUCATION DISTRICT

936 West Michigan Avenue
Jacksonville, Illinois 62650-3113
Phone: (217) 245-7174 Fax: (217) 245-5533
Website: <http://www.frsed.org>

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.