



2 West Lafayette Street | Norristown PA 19401 | 610-755-9400 | www.mciu.org

CONSENT FOR CONTINUED SPEECH/LANGUAGE SERVICES

Student's Name: _____ Grade: _____ Date Sent: _____

Student's School: _____ Gender: _____ Date of Birth: _____

Your child continues to be eligible for speech and language services in the area of:

Articulation Fluency Voice Language
Re-evaluations will be conducted during this school year (Language)

Additional comments: _____

We are a publicly funded educational agency; therefore, we must comply with federal, state, and local regulations. A list of parent rights concerning student records maintained by the Office of Student Services is on page two. This information is provided for your convenience and to meet government regulations. The Office of Student Services will destroy all records of your child's participation in this program four years after he/she has left the program. During a three-year period, an assessment will be conducted in order to continue to maintain an appropriate program of support.

Please select the box below indicating your consent for speech and language services/speech therapy and sign the consent form. Return this form to school within the next two days with your signature.

I DO / DO NOT grant permission for my child to receive speech/language services while a student at this school and for the speech/language pathologist to review the confidential records that the school maintains for my child. I understand that this service is available only to students who are Pennsylvania residents and whose tuition is privately funded and not paid by a school district. I understand that my child's enrollment in this service will be shared with my school district of residence for the purpose of Child Find.

Home Address: _____

School District of Residence: _____

Parent Email: _____ Parent Phone#: _____

Parent Email: _____ Parent Phone#: _____

Parent's/Guardian's Signature: _____ Date: _____

Parent's/Guardian's Signature: _____ Date: _____

Both Parent's/Guardian's Names (Please Print): _____

Speech/Language Pathologist: _____ Email/Phone _____

**STUDENT AND PARENT RIGHTS CONCERNING RECORDS
HELD BY PUBLIC AGENCIES**

- A. Educational personnel in your child’s school or Intermediate Unit, with legitimate educational interest, may have access to student records unless the parents of students below 18 years of age or students above 18 years of age (from here on referred to as parents and students) have specifically requested otherwise. Parents and students have the right to see, correct, and control access to student records by other individuals or agencies. Records include all documents directly related to a student which are maintained by the Intermediate Unit.
- B. Parents and students have the right to inspect and review educational records provided they make an appointment with the Director of Student Services or her designee.
- C. Parents and students have the right to have copies of educational records, should they so desire. Under usual circumstances, there will be no charge for the first copy of a record. Thereafter, if a fee is charged, it will be the actual cost of reproduction.
- D. If parents and students believe that information contained in the educational records is inaccurate, misleading, or violates privacy, they have the right to request in writing that the Intermediate Unit amend the record.
- E. Parents and students have the right to a student records hearing to challenge the content of the educational records.
- F. Parents and students have the right to file a written complaint with the Family Policy Compliance Office, United States Department of Education, 400 Maryland Avenue S.W., Washington, D.C., 20202-4605, regarding violations of rights as listed previously.
- G. According to law, you may not waive your rights as listed previously.

If you have any questions regarding this notification or your rights under these provisions, you may contact Dr. Brittany Lourea-Waddell, Director of the Office of Student Services at (610) 755-9433.