

Student Records Handbook *for First Nations Schools*



Prepared by Karen Horner and Kelly Kitchen for the
First Nations Schools Association, Fall 2002



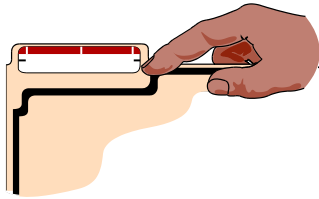


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Sample Forms

Permanent Student Record Form

Student Contact Card

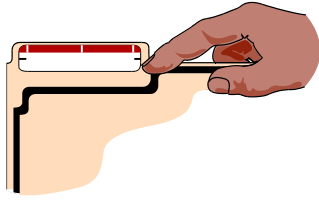
Student Services Form

Referral Forms

- Psychologist Referral Form
- Counselling Services Referral Form
- Speech/Language Referral Form

Consent Forms

- Parent Consent for Release of Confidential Information to School
- Parent Consent for Release of Confidential Information
- School Request for Student File
- Consent for Individual Counselling Services
- Consent for Individual Speech/Language Assessment
- Request for Individual Assessment (Secondary)
- Consent for Individual Educational Assessment
- Option to Limit the Use of Student Photos



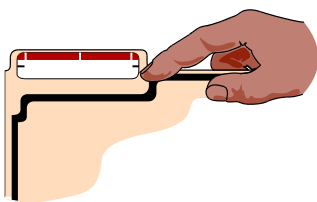
Overview

Thorough and appropriate record keeping is an integral part of a school's ability to provide quality and effective services to its learners. Specifically, maintaining thorough records is crucial to enabling a school to:

- track students' achievement over time;
- track students' school attendance;
- ensure smooth transitions when there is staff turnover;
- enable a continuation of services should a student change schools;
- coordinate school-based and community services; and
- maintain accountability for services and programs provided to students.

The purpose of this handbook is to inform schools of record keeping processes. It includes information related to the organization and maintenance of Student Files, the important issue of confidentiality, and the creation of a Student Records Policy. Sample forms are also provided in this handbook. These forms are intended to provide suggestions, and can be adapted as necessary to make them useful for each school. This handbook can also be downloaded from the FNSEA website (www.firstnations-schools.bc.ca). Schools are encouraged to personalize the forms with school logos, etc.

The First Nations Schools Association has prepared this handbook in an effort to assist all schools in adopting and implementing effective student record keeping systems that meet their needs. We hope that it fulfills that purpose.



Student Records

The following is an outline of how you might want to set up your student records filing system.

A. Permanent Student Record Form: (see sample)

A Permanent Student Record Form can be filled out for each student and it can include:

- student's date of entry;
- student's achievement and attendance record;
- a list of inclusions in the Student File (see below); and
- a record of schools attended.

In June, teachers can fill out the information that pertains to the current year.

B. Student Files

A file is maintained for each student, and **may** include the information listed below. Every student file will only include the information pertinent to that student. This information is confidential and should not be shared with non-authorized people without parent/guardian consent (refer to the section on Confidentiality and the Release of Information, p.10). Each student file will contain:

- the Permanent Student Record Form;
- all documents listed as inclusions on the Permanent Student Record Form and the two most recent years of Student Progress Reports or Transcripts of Grades;
- a copy of the current Student Learning Plan;
- assessment materials (including assessment reports, consent to assess, and assessment conference notes);
- a copy of the current Individual Education Plan (IEP);
- materials relevant to Speech and Language, Occupational, and/or Physical Therapy services (including reports);
- behaviour/discipline reports and materials; and
- any other information deemed relevant to the student's education program (e.g. medical alert, custody arrangements, name changes).

To keep track of the various report cards, reports and IEPs in the Student File, it may be a good idea to use the **Student Services Form** provided in the appendix of this handbook. Staple a copy of the form to the inside front cover of the Student File, and check off the reports or programs in which the student has participated for each year of school.

C. Student Contact Card (see sample)

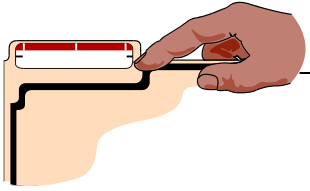
Many schools also maintain a contact card for each student, which is updated at the beginning of each school year, or upon the student's arrival at the school. Your school may choose to list the following contact information on these cards.

- School Logo, Classroom Teacher, Grade, School Year
- Name (first, middle, last)
- Address
- Home Phone
- Parent(s)/Guardian(s) (names and phone numbers)
- Siblings (names and ages)
- Emergency Contact (name, relationship to the student, and phone number)
- Alternate Emergency Contact (name, relationship to the student, and phone number)
- Medical Conditions and/or Allergies (including treatment required, i.e. EpiPen, antihistamines)
- Doctor (name and phone number)
- Additional Comments

It is common for the contact cards to be kept in a filing cabinet next to or under the secretary's desk for convenient access. Some schools have found it useful to provide photocopies of the contact cards to teachers who are taking their students on fieldtrips with as a precautionary measure. It is important to note that information on these cards is confidential and should not be shared with non-authorized people without parent/guardian consent (refer to the section on Confidentiality and the Release of Information, p. 10).

D. Other Types

Typically, school staff, such as teachers, learning assistance teachers, and counsellors, keep additional types of student files for their own records. Each staff member who maintains student files should be very cautious about including information or statements that could be considered libellous (such as misrepresentation that could discredit or damage a person's reputation). It is strongly recommended that school staff become familiar with the Freedom of Information and Protection of Privacy Act of B.C., and use it to guide and inform their record keeping activities (even though it does not specifically apply to First Nations schools). Information about this Act can be found at the Office of the Information and Privacy Commissioner for British Columbia www.oipcbc.org. Also, teachers should be aware of confidentiality issues, as outlined on p. 10.



Organization of Student Files

The following suggestions/guidelines may help you to set up your student files.

Step # 1

Organize the contents of the student's file into categories. Some suggested categories are:

- Attendance reports
- School reports
- Individual Education Plans (IEP'S)
- Assessment materials
- Hearing reports
- Vision reports
- Behaviour/discipline information
- Speech and language therapy information
- Occupational therapy and physical therapy information

Most student files will not contain information in each category, as students often don't require assessments and services in all areas. Create categories that pertain to the individual student.

Step #2

All the information in each category can be assembled in chronological order, with the most recent information first.

Step #3

A coloured, half sheet can be used as a cover page to identify the category (e.g. attendance reports). Fasten the contents of each category together using ACCO prong fasteners (these can be found in any office supply store).

Photo of categories fastened with ACCO fastener and a coloured half sheet. Information within each category is arranged chronologically.



Photo of ACCO fastener (also called a prong fastener)

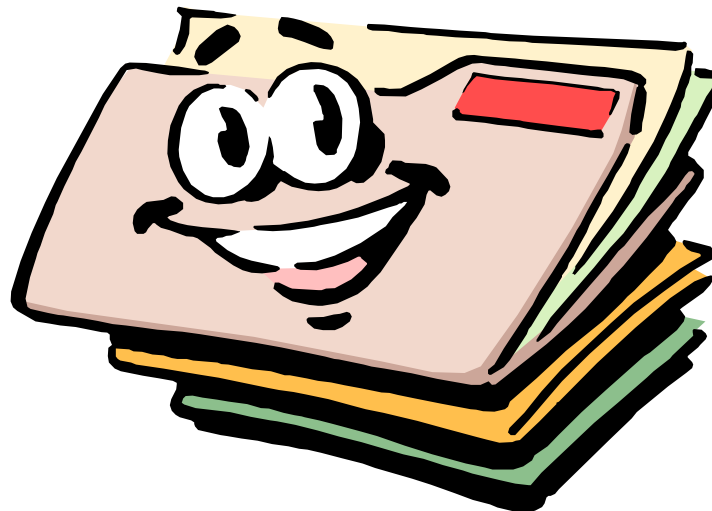


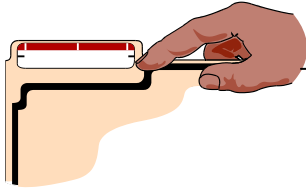
Filing student file in a locking, fire-proof filing cabinet



General Student File Information

- Student files are confidential and **should not** be kept in the classroom.
- Student files should be stored in a **locked, fireproof** filing cabinet
- Test protocols (the actual testing sheet the assessor uses) **should not** be kept in the student file. A copy of the report from the assessor is included in the file.
- All meeting information should state who was present, where and when it occurred, and what agreements were reached.
- All documents in the file should be signed and dated by the person who developed them.





Management of Student Files

The criterion for determining what information should be included in a student's file should be: ***What do the staff, who are working for the benefit of the student, need to know in order to help him/her best?*** Information should also be factual and objective.

The following points are considered 'best practices' and are meant to be suggestions to help you manage your student files. You may choose a different system that works best for your particular school.

- A student file should commence when the student arrives in the school.
- Files may not be exchanged between schools without a written request (see sample forms).
- Copies of report cards, academic transcripts, etc., may be shared with other parties only when written consent has been given by the parent or guardian (see p. 10 for more information)
- Personal information, such as addresses and phone numbers, is considered confidential and should not be divulged without written consent of the parents (refer to the section on Confidentiality and the Release of Information on p. 10).
- Student Files are considered school property.
- Files should be updated at the end of each school year.
- The Student Services Form (see sample forms) should be updated prior to the student leaving the school.

Parents and Student Files

Parents of a student may want to access their child's file, and they have the right to do so. For the benefit of the parents and student, it is recommended that parents view their child's file in the presence of someone who can help them interpret the contents. When the file contains results of individual aptitude testing, it may be useful to have the author of the report available to answer questions. Parents may also want to invite a friend, family member, or education worker to assist in interpreting the results of the testing at the time of the meeting.

It is strongly recommended that parents not be allowed to remove items from their child's file. An appeal process can be put in place for parents who object to the contents of their child's file.

Transfer of student to another school

When a student is leaving the school to enrol in another school, a **copy** of the Student File and any other documents deemed relevant, should be sent to the new school when a written request is received.

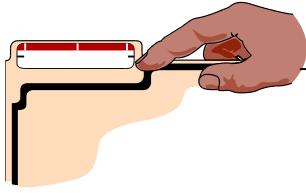


A **copy** of the file is sent so that the **original** can be archived in your school. Should the student return to your school, you will have the original Student File and you would only need to request the most recent reports from the student's former school.

It is recommended that written parental consent be obtained prior to forwarding the copy of the Student File. The written consent should be stored in the original Student File.

Withdraws or Graduates

When a student withdraws or graduates from the school, the Student File and either the two most recent years of Student Progress Reports or an official copy of the Transcript of Grades is usually stored or archived for many years after the date that the student withdraws or graduates. This is especially critical for high school transcripts, which may be requested many years later (provincial schools are required to retain Permanent Student Records for 55 years from the date the student withdraws or graduates).



Confidentiality and the Release of Information

In order to provide appropriate instruction and educational services, each school is encouraged to maintain information on students and families. **All** student information is considered confidential; however, pertinent information should be readily accessible to the appropriate school personnel working for the benefit of the student.

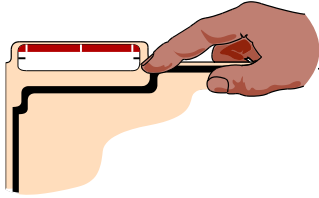
It is also sometimes necessary to provide information from student records to outside agencies in order to best meet the needs of the student. In most cases, this should only be done with the informed consent in writing of a student's parents/guardians. Informed consent requires that the permission form includes a description of what information can be released, the purposes for which it is to be used, and to whom it may be released. It is a good idea to have the signed permission form filed in the Student File.

When parental permission is unavailable or inappropriate, but the information is still required by a person planning or delivering health services, social services, or support services to the student, written authorization must be given by the appropriate school official. The records can be released with the understanding that the person who receives the information will not disclose it, except for the purposes for which it is intended. Again, this authorization should be kept in the student's file.

The release of confidential information without parental permission will likely occur only in exceptional circumstances, such as in cases where a student is at risk.

Information contained in the Student File should also be accessible to the parents or legal guardians of school-aged students, and to the student. This issue is also discussed in the section *Parents and Student Files* on p.9.

It is important for each school to have clear guidelines in place for the handling of student information. This will help to ensure that all student information is treated carefully and consistently. For this reason, it is recommended that schools create a *Student Records Policy*.

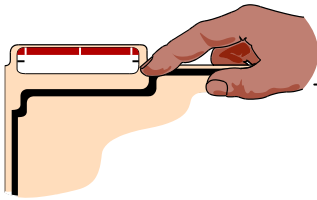


Student Records Policy

It is a good idea for schools to have a system in place for the maintenance of student records and reports, along with other issues relevant to the educational services offered by the school. Your school board may want to draft a *Student Records Policy* that may include details regarding the following questions.

- Who is responsible for maintaining and monitoring student records?
- What information should be kept in the student files?
- How are the student files to be organized?
- Where are the student files to be kept?
- Who is authorized to access the student files?
- What is the process for parents/guardians to access student files?
- What is the process required for non-authorized people to access student information?
- What are the circumstances, if any, in which non-authorized people may need to access student information?
- What are the circumstances in which parent /guardian consent is required?
- What is the process for obtaining and filing parent consent?
- What appeal process should be in place for parents/guardians should they object to information contained in their child's Student File?

It is important to remember that all individual student records maintained by the school are confidential, including individual addresses and phone numbers. Please refer to the section on *Confidentiality and the Release of Information* (p. 10) for more details.



Definitions of Terms Used in Sample Forms and Templates

Adapted Program - retains the learning outcomes of the curriculum, but changes are offered so the student can participate in the program. Adaptations might consist of alternate formats (i.e. books on tape), instructional strategies (i.e. visual cues and aids), and assessment procedures (i.e. oral exams, additional time).

Articulation Disorders – refers to when a student produces a sound, syllable or words incorrectly, so that listeners do not understand what is being said.

Audiologists - can determine if a student has a hearing impairment, identify the type of impairment, and recommend how the student can make the best use of his/her hearing. The audiologist can assist with the selection, fitting and purchase of the hearing aids if they are needed.

Formal Assessment – is the use of standardized evaluation measures such as intelligence tests to determine a student's academic skill development, intellectual functioning, strengths and weaknesses in cognitive processes and social/adaptive functioning.

Individualized Education Plans (IEPs) - are specifically designed for students as soon as they are identified as having special needs. An IEP describes program adaptations and/or modifications and the special services that are provided for the student. It is reviewed regularly and updated at least once a year. *For more information about IEPs, see the FNESC/FNSA's Talking About Special Education Handbooks, Volumes V - A Parent's Guide to Individual Education Plans (IEPs) and Volume VI - A Teacher's Guide to Individual Education Plans (IEPs).*

Informal Assessment – is the use of flexible evaluation measures such as systematic observation, checklists, interviews and assessments to gather additional information in order to provide appropriate instruction prior to a formal assessment.

Modified Program - has learning outcomes that are substantially different from the prescribed curriculum and specifically selected to meet the student's special needs.

Speech-Language Pathologists (SLP) - can evaluate speech and language skills of students, determine if communication problems exist, and decide the best way to treat the problems. They can also design and employ technology assisted communication devices and programs.

Transition Planning - is the preparation, implementation and evaluation required to enable students to make major transitions during their lives - from home or preschool to school; from class to class; from

school to school; from school to post-secondary, community or work situations.

Voice Problems – is inappropriate pitch (too high, too low, never changing or interrupted by breaks); loudness (too loud or not loud enough) or quality (harsh, hoarse, breathy or nasal).

Permanent Student Record Form

Student Contact Card

Student Contact Card

STUDENT INFORMATION

LEGAL FAMILY NAME		LEGAL FIRST NAME	LEGAL MIDDLE NAME(S)
USUAL FAMILY NAME (if different)		USUAL FIRST NAME (if different)	USUAL MIDDLE NAME(S) (if different)
GENDER MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	BIRTH DATE YYYY MM DD		

GRADE: _____ TEACHER: _____

PARENTS/GUARDIANS: Mother's Name: _____

Father's Name: _____

PHONE: _____
Home Mother's Work No. Father's Work No.

HOME ADDRESS:

_____ POSTAL CODE _____

SIBLINGS: _____ AGE: _____ _____ AGE: _____

_____ AGE: _____ _____ AGE: _____

EMERGENCY CONTACT

Name Relation to student Phone

MEDICAL CONDITIONS/ALLERGIES (INCLUDING TREATMENT REQUIRED)

MEDICATION REGULARLY TAKEN: _____

DOCTOR NAME/PHONE _____

ADDITIONAL COMMENTS

Student Services Form

Student Services Form

NAME: _____

SCHOOL: _____

STUDENT #: _____

Using a checkmark (✓) only, please indicate the program(s) or service(s) that the student has received.

Please draw a line through any grades (if known) that the student has not attended at your school.

PROGRAM/SERVICE	K	GR. 1	GR. 2	GR. 3	GR. 4	GR. 5	GR. 6	GR. 7
Confidential File								
Counselor								
Hearing Impaired Services								
Individual Education Plan (IEP)								
Learning Assistance								
Occupational Therapist								
Physiotherapist								
Psychologist								
Special Education Assistant								
Speech/Language Services								
Transportation								
Visually Impaired Services								

NOTES:

Referral Forms

REASON(S) FOR REFERRAL? Check one or more and describe, please.

- Behaviour _____
- Achievement _____
- _____
- _____

WHAT INITIAL SERVICE(S) WOULD YOU LIKE? Please describe.

- Consultation with Teacher/Parent _____
- Observation _____
- Assessment in Class _____
- Formal Assessment (out of class) _____
- _____

LEARNING ASSISTANCE TEACHER: Please complete the following:

Picture Vocabulary: _____ Optometrist Report: Y N Audiologist Report: Y N
Achievement: Sight Words: _____ Reading Comprehension: _____
Arithmetic: _____ Spelling: _____

Behaviour Rating Scale: _____

Comments:

PRINCIPAL'S COMMENTS

PSYCHOLOGIST'S COMMENTS:

PRINCIPAL'S SIGNATURE: _____ DATE: _____

Counselling Services Referral Form

1. GENERAL INFORMATION

Date of Application: _____ School: _____

Student's Name: _____

Age: _____ Date of Birth: _____ Sex: _____ Grade: _____

Home Phone: _____ Type of classroom (i.e. split 2/3): _____

School-Based Team Members

Principal's Name: _____

Classroom Teacher's Name: _____

Learning Assistance Teacher's Name: _____

Psychologist's Name: _____

Other School-Based Team Member's Name: _____

2. FAMILY INFORMATION

Parent(s): _____

Father's Work #: _____ Mother's Work #: _____

Siblings: _____ Age: _____ Grade: _____

General information:

Other agency involvement (i.e. Ministry for Children and Family Development):

3. PRESENTING PROBLEM:

4. CLASSROOM TEACHER'S Observations/Comments

Name: _____

(Over)

5. LEARNING ASSISTANCE TEACHER'S Observations/Comments:

Name: _____

6. PSYCHOLOGIST'S Observations/Comments:

Name: _____

7. PRINCIPAL'S Observations/Comments:

Name: _____

8. OTHER SCHOOL-BASED TEAM MEMBERS' Observations/Comments

Name: _____

Strategies Used by Team Members to Help Change or Deal with Presenting Behaviour:

9. PARENT'S Observations/Comments:

Name: _____

This information has been collected for the School-Based Team by:

Name: _____

Date: _____

Speech Language Referral Form

Student Name: _____ **Parent Name/s:** _____
Birthdate: _____ **Home Phone #:** _____
Grade / Class: _____ **Home Address:** _____
Teacher: _____
Referred by: _____ **Date of Referral:** _____

Areas of Concern: (please check all that apply)

- | Speech Sounds: | Fluency: | Voice: | Language: |
|--|---|---|---|
| <input type="checkbox"/> Student has difficulty producing some sounds | <input type="checkbox"/> Student appears to "stutter" | <input type="checkbox"/> Student has a hoarse quality of voice | <input type="checkbox"/> Vocabulary |
| <input type="checkbox"/> Student has difficulty with many sounds | <input type="checkbox"/> Student has difficulty maintaining a smooth flow of speech | <input type="checkbox"/> Student has a pitch which seems too high/low | <input type="checkbox"/> Grammar |
| <input type="checkbox"/> Listener has difficulty understanding student's sentences | | | <input type="checkbox"/> Comprehension |
| | | | <input type="checkbox"/> Expressive abilities |
| | | | <input type="checkbox"/> Social language |

Academic Strengths: _____

Areas of Need: _____

Medication Regularly Taken: _____

Date and Results of Last Hearing Screening Test: _____

Date and Results of Last Vision Screening/Test: _____

Other Special Program Personnel or Outside Agencies Involved: (provide dates if possible)

- | | | |
|--|---|--|
| <input type="checkbox"/> Speech-Language Pathologist | <input type="checkbox"/> Reading Specialist | <input type="checkbox"/> ESL Teacher |
| <input type="checkbox"/> School-Based Team | <input type="checkbox"/> School Psychologist | <input type="checkbox"/> Learning Assistance Teacher |
| <input type="checkbox"/> Physical Therapist | <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Other: _____ |

Other Services Currently Offered: (please list service, individual/group and frequency)

School History:

Progress in School: Poor Fair Good Excellent

Number of School Moves: #: _____ / Unknown

Previous Speech/Language Services: Yes (dates) _____ No Unknown

Speech, Language & Hearing History: (to be filled out by/with parent/guardian)

Completed by: _____

Please describe your child's health (e.g., hearing or dental concerns, absences from school):

Please share any information about pregnancy and birth which might have affected your child's speech-language development:

Has your child had ear infections? Please describe when they occurred, for how long and what medical intervention took place (e.g., antibiotics, ear tubes, tonsillectomy, adenoidectomy, etc.):

Please share information about your family history that might affect your child's speech-language development:

Please describe your concerns about your child's speech, language or communication skills:

Parental Consent for Speech-Language Services:

- Written Consent Form in File
- Verbal (please include date of consent)

_____ *Date of Consent*

Consent Forms

**Parent Consent for Release of
Confidential Information to**

School

(use when sending information from one school to another)

We have been informed there is a confidential Student File available on
_____ (student name) at your facility.

Signed parent consent has been requested for the release of this information.

This information will be used to:

_____ (state purpose)

I, _____ (parent/guardian) hereby
acknowledge that I am aware of the contents of my child's confidential Student File and
authorize the release of this confidential Student File on my child
_____ (student name) to:

School Name:

School Address:

For the following purpose: _____

Date Signature of Parent/Guardian

PLEASE PRINT

Name of Parent/Guardian

Home Address Postal Code

Home Phone Work Phone

* This consent is valid for a period of six months from the date of your signature, but
can be withdrawn at anytime.

**Parent Consent for Release of
Confidential Information**

(Use when sending information from the school to another party)

There is a Confidential File on _____ (student name) in our school district. Signed parent consent has been requested for the release of this information to _____. This information will be used to:

_____ (state purpose)

I, _____ hereby authorize the release of the Confidential File on my child _____ (name) to:

(provide the name and address of the person/institution to whom information will be sent.)

For the following purpose: _____

Date Signature of Parent/Guardian

PLEASE PRINT _____
Name of Parent/Guardian

Home Address Postal Code

Home Phone Work Phone

* This consent is valid for a period of six months from the date of your signature, but can be withdrawn at anytime.

School Request for Student File

(use when student changes schools)

Date Requested: _____ School: _____

Phone: _____ Fax: _____

Attention: Student Records' Clerk

The following student/s have registered at _____(school name)

Last Name	First Name	Grade	Date of Birth

Please FAX the most recent report card and any other pertinent information. The Student File can be MAILED to the school at the following address:

(school address)

**If this information is not available,
please notify our office as soon as possible. Thank you.**

Yours truly,

Name: _____

Position: _____

Consent for Individual Counselling Services

Dear Parent,

Individual Counselling is available for your child from a School Counsellor. This service may include both verbal and non-verbal activities.

As your child's parent or legal guardian, you may refuse to have your child receive this service. If you have questions, please contact the principal of your child's school. Please sign the AGREE or the DO NOT AGREE section below and return this form to your child's school.

Individual Consent Form for

_____ at _____
Name of Child Name of School

<input type="checkbox"/> Agree	<input type="checkbox"/> Do Not Agree
I (we) have read the above information and agree to have the counselling service indicated for my (our) child.	I (we) have read the above information. I (we) do not consent to have the counselling service indicated for my (our) child.
_____ Signature of Parent or Legal Guardian*	_____ Signature of Parent or Legal Guardian
Yr Mo Day	Yr Mo Day
* This consent is valid for a period of six months from the date of your signature, but can be withdrawn at anytime.	

PLEASE PRINT

Name of Parent/Guardian

Home Address Postal Code

Home Phone Work Phone

Consent for Individual Speech/Language Assessment

Dear Parent,

A Speech Language assessment has been requested for your child. The purpose of this assessment is to obtain more information on your child's abilities and needs as these are related to school. The assessment will be performed by a Speech and Language Pathologist and may include evaluation of production of speech sounds and/or language. The assessment time may involve from 20 minutes (for assessing production of speech sounds) to four hours (for assessing language skills) of your child's time.

These assessments are not routinely performed for all children, and they are administered individually. The requests for assessment are carefully considered by a school-based team that consists of teaching, administrative and support staff at your child's school.

As your child's parent or legal guardian, you may refuse to have the assessment performed. If you have questions, please contact the principal of your child's school. Please sign the AGREE or the DO NOT AGREE section below and return this form to your child's school.

Individual Consent Form for

Name of Child

<p><input type="checkbox"/> Agree</p> <p>I (we) have read the above information and agree to have the Speech-Language assessment indicated for my (our) child.</p> <hr/> <p>Signature of Parent or Legal Guardian*</p> <hr/> <p>Yr Mo Day</p>	<p><input type="checkbox"/> Do Not Agree</p> <p>I (we) have read the above information. I (we) do not consent to have the Speech-Language assessment indicated for my (our) child.</p> <hr/> <p>Signature of Parent or Legal Guardian</p> <hr/> <p>Yr Mo Day</p>
<p>* This consent is valid for a period of six months from the date of your signature, but can be withdrawn at anytime.</p>	

Consent for Individual Educational Assessment

Dear Parent,

An educational assessment has been requested for your child. The purpose of this assessment is to obtain more information on your child's abilities and needs as these are related to school. The assessment will be performed by a Psychologist and may include measures of aptitude, achievement, motor skills (coordination) and social skills. It may involve up to five hours of your child's time over several sessions.

These assessments are not routinely performed for all children, and they are administered individually. The requests for assessment are carefully considered by a school-based team that consists of teaching, administrative and support staff at your child's school.

As your child's parent or legal guardian, you may refuse to have the assessment performed. If you have questions, please contact the principal of your child's school. Please sign the AGREE or the DO NOT AGREE section below and return this form to your child's school.

Individual Consent Form for

Name of Child

<input type="checkbox"/> Agree	<input type="checkbox"/> Do Not Agree
I (we) have read the above information and agree to have the educational assessment indicated for my (our) child.	I (we) have read the above information. I (we) do not consent to have the educational assessment indicated for my (our) child.
_____ Signature of Parent or Legal Guardian*	_____ Signature of Parent or Legal Guardian
Yr Mo Day	Yr Mo Day
* This consent is valid for a period of six months from the date of your signature, but can be withdrawn at anytime.	

Option to Limit the Use of Student Photos

Dear Parent,

During the school year, there may be times when photographers are present at the school taking pictures of the school and community events. These pictures may be printed in newspapers or in the publications of other organizations, or included on the school website.

Please indicate below whether you agree or do not agree to have your child's picture taken for possible distribution outside of school pictures and the yearbook.

It is important that you complete the following form and return it to the school.

Thank you for your continued support.

Individual Consent Form for

Name of Child

<input type="checkbox"/> Agree	<input type="checkbox"/> Do Not Agree
<p>I (we) have read the above information. My (our) child <u>may</u> take part activities that may involve the photographing and distribution of pictures involving my child.</p>	<p>I (we) have read the above information. My (our) child is <u>not</u> to take part in activities that may involve the photographing and distribution of pictures involving my child. If this does occur, please inform me immediately.</p>
<p>_____ Signature of Parent or Legal Guardian*</p>	<p>_____ Signature of Parent or Legal Guardian</p>
<p>_____ Yr Mo Day</p>	<p>_____ Yr Mo Day</p>
<p>* This consent is valid for a period of twelve months from the date of your signature, but can be withdrawn at anytime.</p>	