

Service Agreement

Student Name: _____

Date Services Begin: _____

Date Services End: _____

Initial Agreement: _____

Modified Agreement: _____

I am writing as a follow-up on our recent evaluation concerning your child and to summarize our recommendations and agreements for aids, services or accommodations. The aids, services or accommodations are as follows:

Frequency:

The following procedures need to be followed in the event of a medical emergency:

The attached letter outlines your rights to resolve any disputes that you may have concerning the recommended aids, services, or accommodations. If you have any questions concerning your rights or the aids, services, or accommodations recommended, please feel free to contact me.

School District Administrator

Date

DIRECTIONS: Please check one of the options and sign this form.

_____ I agree and give permission to proceed as recommended.

_____ I do not agree and do not give permission to proceed as recommended.

_____ I would like to schedule an informal conference to discuss my concerns.

My reason for disapproval is:

Parent(s) Signature

Date