



LUZERNE INTERMEDIATE UNIT

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Operational Services

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Non-Public / Federal and
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LIU B-3 Initial Parent Signature Form

Speech/Language

Special Instruction Hearing

Special Instruction Vision

Orientation & Mobility

The family has received and reviewed the following **Initial Information Packet** with their LIU 18 therapist.

- Provider and Service Coordinator Contact Information
 - Family Resources
 - FERPA as it pertains to PART C of IDEA
 - Consent for Service
 - Release of Information (as needed basis)
 - Cancellation/Extended Leave Policy and Procedures
 - Cultural/ Language Sensitivity Procedures

Therapist Signature: _____

Parent's/ Caregiver's Signature: _____

Date: _____