

CONSENT FOR MODIFIED PROGRAM



2/4/2013

Date: _____

Re: _____ D.O.B. _____
(Student Name) (Day / Month / Year)

School: _____ Teacher(s): _____

As a result of formal and informal assessment and consultation with parents/caregivers, teachers and educational personnel, it is the recommendation of the educational team that your child be placed in the Locally Modified Course described below {include grade level and specific course(s)}.

Parental Consent Statement

I clearly understand the recommendation and hereby give permission for the Locally Modified Course placement described above. I understand the rationale for and the implications of this placement and realize that my child:

- a) will be working on Locally Modified Courses and other agreed-upon courses
- b) may not meet the current admission requirements for post-secondary educational institutions
- c) may discontinue the Locally Modified Courses at any time

Date Signature of Parent/Guardian

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Parent/Caregiver passed on signing waiver; Yes

Principal Signature Date

This form must be completed at the beginning of each school year and filed in the student's cumulative file.