

**Parental/Caregiver Agreement for
Student Placement in a
Functional Integrated Program**



Date: _____

Re: _____
(Student Name)

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

School: _____

Teacher(s): _____

As a result of formal and informal assessment and consultation with parent(s)/caregiver(s), teachers, and educational personnel, it is recommended that _____ (student name) will be placed in the Functional Integrated Program described below:

Parental Consent Statement

I clearly understand the recommendation and hereby give permission for the functional integrated program described above. I understand the rationale for and the implications of this placement and realize that my child:

- a) Will be working on a selected number of the developmental areas specified in his/her Inclusion and Intervention Plan
- b) Will not meet the current admission requirements for post-secondary educational institutions.

Date

Signature of Parent or Guardian

Signature of Parent or Guardian

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

¹Adapted from Potashville School Division, SK: Policy, Guidelines, and Procedures for Alternative Education Programs; Sask Learning; September 2006