



**COMMUNITY CONSOLIDATED SCHOOL DISTRICT 59**  
 2123 S. Arlington Heights Road \* Arlington Heights, IL 60005  
 PHONE: 847-593-4300 \* FAX: 847-593-4352

Date: \_\_\_\_\_

To: \_\_\_\_\_ (Name/Title of Principal or District 59 Coordinator)

From: \_\_\_\_\_ (Name of Parent/Guardian)

RE: Request to Access Classroom(s) or Personnel for Special Education Evaluation and/or Observation Purposes

**Student name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**School Attending:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

The following information must be completed by individuals requesting to access a school building, facility, and/or educational programs or to interview District personnel or the student named above for the purpose of assessing the student's special education needs. Please complete this form and return it to the Building Principal or Dist. 59 Program Coordinator where the student is enrolled. He or she will contact you to coordinate your visit:

**Parent/Guardian** *(Complete this section if the person making the request is the parent/guardian.)*

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

I am the parent/guardian of the above named student and wish to observe my child in the following classroom/settings: \_\_\_\_\_ for the purpose of: \_\_\_\_\_

I am the parent/guardian of the above named student and wish to observe the following classroom/settings which have been recommended for my child: \_\_\_\_\_

for the purpose of: \_\_\_\_\_

Observations are limited to one hour or one class period per school quarter.

**Parent's Independent Evaluator or Other Qualified Professional** *(Complete this section if the person making the request is not the parent/guardian.)*

Name: \_\_\_\_\_ Agency/Company: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

My professional training and/or licensure or certification, if applicable, is (check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Teacher, certified in the areas of _____ | Illinois certified? <input type="checkbox"/> Y <input type="checkbox"/> N |
| <input type="checkbox"/> Clinical Psychologist                    | <input type="checkbox"/> School Psychologist                              |
| <input type="checkbox"/> Licensed Clinical Social Worker          | <input type="checkbox"/> Licensed Social Worker                           |
| <input type="checkbox"/> School Social Worker                     | <input type="checkbox"/> Occupational Therapist                           |
| <input type="checkbox"/> Physical Therapist                       | <input type="checkbox"/> Speech/Language Pathologist                      |
| <input type="checkbox"/> Audiologist                              | <input type="checkbox"/> Psychiatrist                                     |

- Registered Nurse  Certified School Nurse  
 Other qualified professional (list credentials): \_\_\_\_\_

I have been requested by the above named student's parent/guardian to conduct an evaluation of the student for the purpose of: \_\_\_\_\_

As part of this evaluation, I am requesting the following for the length of time noted (check all that apply):

- Observation of student in the following classroom(s)/setting(s): \_\_\_\_\_  
 Duration: \_\_\_\_\_
- Opportunity to interview the following personnel believed to work with the student: \_\_\_\_\_  
 Duration: \_\_\_\_\_
- Opportunity to interview the student.
- I will need more than one hour or one class period for my visit for the following reason(s): \_\_\_\_\_
- Student records, as noted in the attached, signed Authorization to Release Student Record Information (SP-98).

**Acknowledgement** *(To be completed by the person making the access request.)*

I understand that the School District will allow me reasonable access to the school, school facilities, or educational programs or individual(s) I have requested as related to the purpose of my visit. I have been provided with a copy of 6:120-AP2, *Access to Classrooms and Personnel*, and agree to comply with its terms and conditions. I further understand that during my visit, I agree that I must honor all students' confidentiality rights and refrain from any re-disclosure of such records.

\_\_\_\_\_  
 Individual Requesting Access Signature

\_\_\_\_\_  
 Date

**Parent/Guardian Verification** *(Must be completed whenever an independent evaluator or other qualified professional requests access.)*

I, \_\_\_\_\_, am the parent/guardian of the above named student, and I confirm that I have requested an evaluation of my child by the individual named herein, for the stated purpose(s). If requested above, I consent to my child being interviewed by the named evaluator as part of this visit understanding that the District has not conducted a background check on the evaluator. I have no reason to believe the evaluator poses a safety risk to my child or others. I further understand and agree that it is my responsibility to notify the School District in writing if I end my working relationship with the named evaluator prior to the completion of the tasks outlined herein and that the School District otherwise will work with the evaluator to provide reasonable access to the school, school building, school facility, personnel or my child at mutually agreed upon times and in a manner that is least disruptive to the school setting or my child's academic program.

\_\_\_\_\_  
 Parent/Guardian Signature

**Staff gives Attachment to Parent/guardian:** Access to Classrooms and Personnel -

6:120-AP2

**Instruction**

**Administrative Procedure - Access to Classrooms and Personnel**

Access to classrooms and personnel is permitted in limited situations by Section 105 ILCS 5/14-8.02(g-5), amended by P.A. 96-657. Guidelines follow:

1. These guidelines apply to access requested by the parent/guardian of a student receiving special education services, or being evaluated for eligibility, an independent educational evaluator, or a qualified professional retained by or on behalf of a parent/guardian or child. A *qualified professional* means "an individual who holds credentials to evaluate the child in the domain or domains for which an evaluation is sought or an intern working under the direct supervision of a qualified professional, including a master's or doctoral degree candidate." These individuals are referred to in this procedure as *visitors*.

2. Visitors will be afforded reasonable access to educational facilities, personnel, classrooms, and buildings and to the child. To minimize disruption, reasonable access means that the parent(s)/guardian(s) or qualified professional retained by or on behalf of a parent/guardian or child is allowed access once per school quarter for up to one hour or one class period. <sup>1</sup> A visitor may request the authorized administrator to grant longer or additional observations based on individual circumstances and provide any supporting documentation in support of such a request. A professional evaluator can request longer or additional observations in his or her initial request. The administrator may grant, deny, or modify the request and the administrator's decision shall be final.
3. Visitors must comply with:
  - a. School safety, security, and visitation policies at all times.
  - b. Applicable privacy laws, including those laws protecting the confidentiality of education records such as the federal Family Educational Rights and Privacy Act and the Illinois School Student Records Act.
  - c. Board policy 8:30, *Visitors to and Conduct on School Property*. They may not disrupt the educational process.
4. If the visitor is a parent/guardian, he or she will be afforded reasonable access as described above for the purpose of:
  - a. Observing his or her child in the child's current educational placement, services, or program, or
  - b. Visiting an educational placement or program proposed for the child by the IEP team.
5. If the visitor is an independent educational evaluator or a qualified professional retained by or on behalf of a parent or child, he or she must be afforded reasonable access of sufficient duration and scope for the purpose of conducting an evaluation of the child, the child's performance, the child's current educational program, placement, services, or environment, or any educational program, placement, services, or environment proposed for the child, including interviews of educational personnel, child observations, assessments, tests or assessments of the child's educational program, services, or placement or of any educational program proposed by the IEP team, services, or placement. If one or more interviews of school personnel are part of the evaluation, the interviews must be conducted at a mutually agreed upon time, date, and place that do not interfere with the school employee's school duties. The Building Principal or designee may limit interviews to personnel having information relevant to the child's current educational services, program, or placement or to a proposed educational service, program, or placement.
6. Prior to visiting a school, school building, or school facility, a visitor must complete 6:120-AP2, E1, *Request to Access Classroom(s) or Personnel for Special Education Evaluation and/or Observation Purposes (SP-102)*. This form serves to:
  - a. Inform the Building Principal or designee in writing of the proposed visit(s), the purpose, and the duration, and
  - b. Identify requested dates/times for the visit(s) to facilitate scheduling.
7. The student's parent/guardian must consent in writing to the student being interviewed by the named evaluator as part of a visit. The parent/guardian will grant this consent by completing 6:120-AP2, E1, *Request to Access Classroom(s) or Personnel for Special Education Evaluation and/or Observation Purposes (SP-102)*.
8. The student's parent/guardian, or the student if he or she is over the age of 18, must execute an *Authorization to Release Student Record Information (SP-98)* before an independent educational evaluator or a qualified professional retained by or on behalf of a parent/guardian or child will be given access to student school records or to personnel who would likely release such records during discussions about the student. If a student is

over the age of 12 and the records contain mental health and/or developmental disability information, the student must also be requested to sign the *Authorization to Release information (SP-98)* before any observation by or disclosure of school student records or information to a visitor.

9. The visitor must acknowledge, before the visit, that he or she is obligated to honor students' confidentiality rights and refrain from any re-disclosure of such records. The visitor will provide this acknowledgment and agreement by completing 6:120-AP2, E1, *Request to Access Classroom(s) or Personnel for Special Education Evaluation and/or Observation Purposes (SP-102)*
10. The Building Principal or designee will attempt to arrange the visit(s) at times that are mutually agreeable. The Building Principal or designee will accompany any visitor for the duration of the visit, including during any interviews of staff members.
11. If the visitor is a professional retained by the parent/guardian, the visitor must provide identification and credentials before the visit.
12. This procedure applies to any public school facility, building, or program and to any facility, building, or program supported in whole or in part by public funds. The student's case manager or other District designee must facilitate such visit(s) when the student attends a program outside of the School District, such as at a private day program or residential program, provided it is supported in whole or in part by public funds.