

Staten Island Speech & Counseling

Discloser of Service

Date:_____

RE: Staten Island Speech Service & Counseling

Student's Name:_____Date of Birth:_____

I (parent/guardian)_____, understand that Staten Island Speech & Counseling will be providing a service to (student)_____.

in a private capacity for compensation. I also understand that Staten Island Speech & Counseling is prohibited from providing any information such as written evaluations, progress reports, oral reports, testing results, clinical findings, etc. as part of any Department of Education meeting regarding my child, including IEP meetings, Annual Reviews, CSE Reviews or Impartial Hearings. The Department of Education employees are not permitted to provide services to my child under an RSA and or IEP. By signing this release, I have been made aware of and agree to the prohibition of any Department of Education employee working in a private capacity to appear either directly or indirectly, before the Department of Education. I do not have any children attending P.S. 30 or Tottenville High School in Staten Island and I agree to inform Karen or Jeremiah Corbo if any of my children enroll in either P.S. 30 or Tottenville High School.

Signature of Parent/Guardian:_____

Date:_____