

Oregon Conference Office of Education

Three Sisters Adventist Christian School

Students with Individualized Educational Plans or Disabilities Waiver Release Form

STUDENT NAME _____ **Date** _____

STUDENT INDIVIDUALIZED INSTRUCTION

Please answer with as complete an answer as possible.

Has the student been on an IEP? (Individualized Education Plan)

YES

NO

If yes, please list the grade level and the age of the child when the IEP was in effect. _____

If no, have there been concerns raised or discussions had about the need for an IEP by other teachers or school personnel?

Please list the grade level and the academic areas where concerns were first raised. _____

What modifications or accommodations, if any, have been made for your child in the past?

For example: More time to complete tests or tasks, quiet area for test taking, verbal questioning, behavioral plans, physical accommodations....etc.

List the accommodations made here and for which curriculum areas.

Parent Name: _____

I agree to work together with teachers and school administration to provide support for my child who needs individualized instruction, or intervention and accommodations in order to successfully complete his or her grade level. I understand that Three Sisters Adventist Christian School has limited resources, personnel, or specialized teacher training for students with disabilities.

Three Sisters Adventist Christian School may request at any time that my child attend another school where resources, training, and personnel are available to ensure my child's success and he/she may be provided the services needed.

Parent Signature: _____ Date _____

Principal Signature _____ Date _____