

**Permission for Related Services at  
Sabot at Stony Point 2011 - 2012**

My child, \_\_\_\_\_, has permission to receive services on the Sabot at Stony Point campus from \_\_\_\_\_ who can be contacted at \_\_\_\_\_.

- I understand that I am authorizing my child to be alone with the service provider.
- I understand that the school does not perform background checks on independent service providers.
- I understand that I am responsible for paying the service provider directly.
- I understand that I am responsible for notifying the service provider when my child will miss a normally scheduled appointment.
- I understand that I am responsible for informing the homeroom teacher of my child's schedule for service provisions.

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

**Permission for Service Provider and Sabot at Stony Point to Discuss Student (check two)**

\_\_\_\_\_ I authorize \_\_\_\_\_ to discuss my child's progress with Sabot at Stony Point faculty and staff.

\_\_\_\_\_ I do not authorize \_\_\_\_\_ to discuss my child with Sabot at Stony Point faculty and staff.

\_\_\_\_\_ I authorize Sabot at Stony Point faculty and staff to discuss my child's progress with \_\_\_\_\_.

\_\_\_\_\_ I do not authorize Sabot at Stony Point faculty and staff to discuss my child's progress with \_\_\_\_\_.

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

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