

PARENTS WITH CHILDRENN THAT HAVE IEP/IFSP

We request that each parent provide a copy of your child's IEP/IFSP to the office of Little Bible Buddies to be placed in the file of your child's permanent record

We ask that a copy of the IEP is provided within 10 days of the child's enrollment in the program although we would like to have IEP/IFSP your child begins to insure a successful start.

We would like to work with each family to provide quality care and support and having this information is a great start in insuring that we do that.

If there are any questions, please feel free to speak with the child's teacher or the director (Ms. Tamika).

By signing this document you will be giving us permission to speak, communicate and share information with your child's specialist team.

Date _____ Date IEP/IFSP is due _____

Parental permission to provide, share and release IEP/IFSP to Little Bible Buddies

I _____ give permission to Little Bible Buddies obtain a copy of

an IEP/IFSP for my child _____. The record of the IEP/IFSP will be kept confidential and maintained as a matter of record in my child's file at Little Bible Buddies.

Permission granted YES or NO Permission denied YES or NO

Child's name _____

Parent(s) print name _____

Parent(s) Signature _____

**This information will be shared with the child's teacher, appropriate staff and specialist.*