



Authorization for Participation in Special Services Instruction Sheet



PURPOSE:

The parent/guardian completes the Authorization for Participation in Special Services form (Authorization for Participation) in order for Neighborhood House Association Head Start Staff to sign a child in and out from the Head Start program for San Diego Unified School District transportation services and/or to grant IEP/IFSP related service provider's permission to sign the parent/guardian's child in and out of the Neighborhood House Association's Early Head Start/Head Start (EHS/HS) Program to receive services. This includes children that have been referred for further assessment or are receiving behavior therapy. Service providers may not sign a child in or out until a parent/guardian signed Authorization for Participation has been completed. The Authorization for Participation is only valid for the program year in which it is signed.

TIMELINE:

The Authorization for Participation is completed with the parent/guardian whenever his/her child needs to be signed in/signed out from the Head Start program for San Diego Unified School District transportation services and/or receiving specialized services provided by a third party during the EHS/HS school day. The Authorization for Participation may be completed at any time during the child's involvement in EHS/HS (at enrollment and throughout the program year).

STAFF RESONSIBLE:

Family Service Advocate, Teacher, Site Supervisor/Assistant Site Supervisor, or other assigned staff

INSTRUCTIONS:

- Complete the requested information: child's information, the site's contact information, and parent/guardian's contact information. Check the box(es) that authorize the service provider(s) to sign child in and out to receive services and/or for transportation services.
- Check the box(es) that authorize the service provider(s) to sign child in and out to receive services and/or for transportation services.
- Check box(es) describing the type of services that the child will be receiving in the classroom.
- Write the name of the authorized individual, agency/agencies that will be providing services next to each box that has been checked.
- Parent/guardian initials beside "To sign my child" box(es), if checked.



Authorization for Participation in Special Services **Instruction Sheet**



- Obtain parent/guardian signature at the bottom of the form.
- Write the relationship of the parent/guardian to the child (i.e. mother, foster parent, grandmother, etc.).
- The EHS/HS staff assisting the parent/guardian signs and dates the form.
- File the completed Authorization for Participation form in Section 5 of the Child File.