**Morehouse Parish School Board**

 ***Special Educational Services***

 ***1607 Martin Luther King South***

 ***Bastrop, LA 71220***

 ***(318) 283-1674; FAX: 281-4910***

***David Gray, Superintendent Dr. Dana Boockoff,, Supervisor of Special Services***

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Stephanie Hickman

Elementary

IEP Facilitator

Emily Winston

SER Secretary

Donna Johnson

PAIS Secretary

**Parent / Service Provider Responsibilities - Intervention Services in the Home Environment**

**Child’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent **/ Caregiver’s Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Cell Phon**e: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work **Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number the Service Provider should call to cancel an appointment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Purpose**: Provide Extended School Year Services (ESYS) to help your child acquire / develop / maintain / generalize identified critical information and skills needed to be successful in school. In order to succeed, we will need your help with the following:

1. The child’s parent / caregiver or a responsible adult MUST be present in the home at ALL TIMES during the intervention session. It is important for all team members including the parent / caregiver to be present to provide necessary care, modeling, and supervision to help your child feel comfortable, and provide encouragement while the service providers are at your home.
2. For maximum learning, the area of your home designated for instruction should be free from distraction to support your child’s learning experience. The following suggestions are recommended:
* Turn off TV, radio, DVD, DC players, and or game systems
* Provide a well- lit area with comfortable seating and a table to work on
1. If the service provider is unable to keep the child’s appointment, the parent / caregiver shall be notified in a timely fashion.
2. If you, your child, or another family member is sick (fever or contagious disease), or you will not be at home at a scheduled time, please call the service provider as soon as possible.

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| --- | --- | --- | --- |
| **Service Provider** | **Position** | **Phone Number** | **Scheduled Day / Time** |
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|  |  |  |  |
|  |  |  |  |

1. If you wish to have your child served in a daycare, it is your responsibility to ask permission from the owners/administrators of the daycare center for us to be allowed to come in and provide services to your child on their premises.

Two consecutive absences without prior notice will result in an interruption of home service. A meeting with the SpEd Coordinator may need to be held to discuss an alternative setting in which to serve your child.

My signature indicates I have read and received a copy of the Parent – Service Provider Responsibilities.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/ Caregiver Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SpEd Teacher Signature Date

*Reaching and teaching students with special needs*