**VALDOSTA STATE UNIVERSITY**DEPARTMENT OF EARLY CHILDHOOD AND SPECIAL EDUCATIONMAIL 1500 North Patterson Street · Valdosta, Georgia 31698-0092PHONE 229-333-5929 · FAX 229-219-1225

***Re: Permission Form for Review of IEP***

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Parent or Guardian)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is a student in Teacher Education at Valdosta State University who is completing a field-based instructional requirement in my classroom. Part of this practice teaching experience requires \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to develop instructional activities based on objectives from students’ individual education programs (IEPs). I would like to request your permission to allow this student from VSU to review \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s IEP to develop instructional activities. (Child’s name)

Should you wish to discuss this requirement, you may contact your child’s teacher or contact Dr. Kelly Heckaman at the Department of Early Childhood and Special Education at VSU (219-1323). If you give your consent for this student to review your child’s IEP, please indicate by checking the space marked “yes” below and returning this form after signing it. If your do not wish for this student to share access of the IEP, please indicate by checking the box marked “no” and returning this form after you have signed it.

Thank you in advance for your consideration.

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

(Mentor teacher signature)

[ ] Yes, my child’s IEP may be reviewed to develop instructional activities.

[ ] No, my child’s IEP may not be reviewed to develop instructional activities.

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

 (Parent signature) (Date)