

Section A – Visitor Access to Classrooms and Personnel

Access to classrooms and personnel is permitted in limited situations by Section 105 ILCS 5/14-8.02(g-5), amended by P.A. 96-657. The following procedures apply to parents/guardians, qualified professionals retained by or on behalf of the parents/guardians, and independent educational evaluators conducting observations and/or evaluations of students with disabilities who attend District programs.

1. These procedures apply to access requested by the parent/guardian of a student receiving special education services or being evaluated for eligibility, an independent educational evaluator, or a qualified professional retained by or on behalf of a parent/guardian or child. A *qualified professional* means “an individual who holds credentials to evaluate the child in the domain or domains for which an evaluation is sought or an intern working under the direct supervision of a qualified professional, including a master’s or doctoral degree candidate.” These individuals are referred to in this procedure as *visitors*.
2. Visitors will be afforded reasonable access to educational facilities, personnel, classrooms, and buildings and to the child. To minimize disruption, reasonable access means that the parent(s)/guardian(s) will be limited to a total of three (3) observations per school year during school hours, each observation lasting no more than one (1) hour. Observations and/or testing during instructional time as part of an evaluation by and independent educational evaluator or a qualified professional will be limited to a total of three (3) hours per school year, unless a longer duration of time is necessary as determined by the student’s IEP team. A visitor may request the authorized administrator to grant longer or additional observations based on individual circumstances and provide any supporting documentation in support of such a request. A professional evaluator can request longer or additional observations in his or her initial request. The administrator may grant, deny, or modify the request, and the administrator’s decision shall be final.
3. Visitors must comply with:
  - a. Board and school policies and procedures, including but not limited to school safety, security, and visitation policies at all times.

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- b. Applicable privacy laws, including those laws protecting the confidentiality of education records such as the federal Family Educational Rights and Privacy Act (FERPA), the Illinois School Student Records Act, the Illinois Mental Health and Developmental Disabilities Confidentiality Act, and their respective regulations.
  - c. Board policy Visitors (5015). Visitors may not disrupt the educational process.
4. If the visitor is a parent/guardian, he or she will be afforded reasonable access as described above for the purpose of:
- a. Observing his or her child in the child’s current educational placement, services, or program, or
  - b. Visiting an educational placement or program proposed for the child by the IEP team.
5. If the visitor is an independent educational evaluator or a qualified professional retained by or on behalf of a parent or child, he or she will be afforded reasonable access as described above for the purpose of conducting an evaluation of the child, the child’s performance, the child’s current educational program, placement, services, or environment, or any educational program, placement, services, or environment proposed for the child, including interviews of educational personnel, child observations, assessments, tests, or assessments of the child’s educational program, services, or placement or of any educational program proposed by the IEP team, services, or placement. Reasonable testing or assessment materials may be brought onto school grounds and used by the independent educational evaluator or qualified professional during the evaluation. Audio and/or video recording devices (including but not limited to tape recorders, video cameras, computers with recording capabilities, and picture phones) are prohibited, unless deemed necessary and appropriate by the student’s IEP team. If one (1) or more interviews of school personnel are part of the evaluation, the interviews must be conducted at a mutually agreed upon time, date, and place that do not interfere with the school employee’s school duties. An interview with a staff member by as part of an evaluation will be limited to a total of one (1) hour, unless a longer duration of time is necessary as determined by the student’s IEP team. The building principal or designee may limit interviews to personnel having information relevant to the child’s current educational services, program, or placement or to a proposed educational service, program, or placement.

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6. If the visitor violates a school policy or procedure or interferes with a school activity or duties of school personnel, the Building Principal or other designated Administrator may direct the visitor's immediate removal from school grounds.
7. Prior to visiting a school, school building, or school facility for observational purposes, a visitor must complete, *Request to Access Classroom(s) or Personnel for Special Education Evaluation and/or Observation Purposes*. This form serves to:
  - a. Inform the Building Principal or designee in writing of the proposed visit(s), the purpose, and the duration, and
  - b. Identify requested dates/times for the visit(s) to facilitate scheduling.
8. The student's parent/guardian must consent in writing to the student being interviewed by the named evaluator as part of a visit. The parent/guardian will grant this consent by completing the *Request to Access Classroom(s) or Personnel for Special Education Evaluation and/or Observation Purposes* form contained in these procedures.
9. The student's parent/guardian, or the student, if he or she is over the age of 18, must execute an Authorization to Release Student Record Information before an independent educational evaluator or a qualified professional retained by or on behalf of a parent/guardian or child will be given access to student school records or to personnel who would likely release such records during discussions about the student. If a student is over the age of 12 and the records contain mental health and/or developmental disability information, the student must also be requested to sign the Authorization to Release information before any observation by or disclosure of school student records or information to a visitor.
10. The visitor must acknowledge, before the visit, that he or she is obligated to honor all students' confidentiality rights and refrain from any re-disclosure of information. The visitor will provide this acknowledgment and agreement by completing the *Request to Access Classroom(s) or Personnel for Special Education Evaluation and/or Observation Purposes* contained in these procedures.
11. The building principal or designee will attempt to arrange the visit(s) at times that are mutually agreeable. The building principal or designee will accompany any visitor for the duration of the visit, including during any interviews of staff members.

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12. If the visitor is a professional retained by the parent/guardian, the visitor must provide identification and credentials before the visit.
  
13. This procedure applies to any public school facility, building, or program and to any facility, building, or program supported in whole or in part by public funds. The student's case manager or other District designee must facilitate such visit(s) when the student attends a program outside of the School District, such as at a private day program or residential program, provided it is supported in whole or in part by public funds.

**Request to Access Classroom(s) or Personnel for Special Education Evaluation and/or Observation Purposes**

Student name: \_\_\_\_\_ DOB: \_\_\_\_\_

School attending: \_\_\_\_\_ Grade: \_\_\_\_\_

The following information must be completed by individuals requesting to access a school building, facility, and/or educational programs or to interview District personnel or the student named above for the purpose of assessing the student’s special education needs. Please complete this form and return it to the building principal or program director where the student is enrolled. He or she will contact you to coordinate your visit:

**Parent/Guardian** *(Complete this section if the person making the request is the parent/guardian.)*

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

I am the parent/guardian of the above-named student and wish to observe my child in the following classroom/settings: \_\_\_\_\_  
for the purpose of: \_\_\_\_\_

I am the parent/guardian of the above-named student and wish to observe the following classroom/settings which have been recommended for my child: \_\_\_\_\_

\_\_\_\_\_ for the purpose of: \_\_\_\_\_

*Observations are limited to one (1) hour or one (1) class period per school quarter.*

**Parent’s Independent Educational Evaluator or Qualified Professional on Behalf of the Parent/Guardian** *(Complete this section if the person making the request is not the parent/guardian.)*

Name: \_\_\_\_\_ Agency/Company: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Address: \_\_\_\_\_

My professional training and/or licensure or certification, if applicable, is (check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Teacher, certified in the areas of:                    | Illinois certified? <input type="checkbox"/> Y <input type="checkbox"/> N |
| <input type="checkbox"/> Clinical Psychologist                                  | <input type="checkbox"/> School Psychologist                              |
| <input type="checkbox"/> Licensed Clinical Social Worker                        | <input type="checkbox"/> Licensed Social Worker                           |
| <input type="checkbox"/> School Social Worker                                   | <input type="checkbox"/> Occupational Therapist                           |
| <input type="checkbox"/> Physical Therapist                                     | <input type="checkbox"/> Speech/Language Pathologist                      |
| <input type="checkbox"/> Audiologist  | <input type="checkbox"/> Psychiatrist                                     |
| <input type="checkbox"/> Registered Nurse                                       | <input type="checkbox"/> Certified School Nurse                           |
| <input type="checkbox"/> Behavioral Specialist                                  | <input type="checkbox"/> Assistive Technology Specialist                  |
| <input type="checkbox"/> Other qualified professional (list credentials): _____ |   |

I have been requested by the above named student’s parent/guardian to conduct an evaluation of the student for the purpose of: \_\_\_\_\_

Evaluations are limited to three (3) hours per school year, unless a longer duration of time is necessary as determined by the student’s IEP team.

As part of this evaluation, I am requesting the following for the length of time noted (check all that apply):

Observation of student in the following classroom(s)/setting(s): \_\_\_\_\_  
Duration: \_\_\_\_\_

Opportunity to interview the following personnel believed to work with the student or who work in a program proposed for the student by the IEP team:

Staff Person Name/Position Duration: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Opportunity to interview the student. Duration: \_\_\_\_\_

I am requesting more than one hour or one class period for my evaluation for the following reason(s):  
\_\_\_\_\_

Student records, as noted in the attached, signed Authorization to Release Student Record Information.

**Acknowledgement** *(To be completed by the person making the access request.)*

I understand that the School District will allow me reasonable access to the school, school facilities, or educational programs or individual(s) I have requested as related to the purpose of my visit. I have been provided with a copy of Board Policy and Procedures 5015, *Visitors*, and agree to comply with its terms and conditions. I further understand that during my visit, I must honor all students' confidentiality rights and agree to refrain from any re-disclosure of any information regarding other students that is obtained during my visit.

Individual Requesting Access Signature \_\_\_\_\_ Date \_\_\_\_\_

**Parent/Guardian Verification** *(Must be completed whenever an independent educational evaluator or other qualified professional on behalf of the parent/guardian requests access.)*

I, \_\_\_\_\_, am the parent/guardian of the above-named student, and I confirm that I have requested an evaluation of my child by the individual named herein, for the stated purpose(s). If requested above, I consent to my child being observed and interviewed by the named evaluator as part of this evaluation understanding that the District has not conducted a background check on the evaluator. I have no reason to believe the evaluator poses a safety risk to my child or others. I further understand and agree that it is my responsibility to notify the School District in writing if I end my working relationship with the named evaluator prior to the completion of the tasks outlined herein and that the School District otherwise will work with the evaluator to provide reasonable access to the school, school building, school facility, personnel, or my child at mutually agreed upon times and in a manner that is least disruptive to the school setting or my child's academic program.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Adopted: April 26, 2010