

Consent Form for Parent(s)/Guardian(s)

Child Receiving IEP Services from an Itinerant Team

I hereby authorize Itinerant Team Members from _____ Public Schools to provide my child, _____ [Child's Name], with specialized services in their community-based child care program. These services are outlined in my child's Individualized Education Program (IEP).

I am aware that the Itinerant Team Members have been determined to be suitable by the Massachusetts Department of Early Education and Care (EEC) Background Record Check process and are not employed by _____ [Name of Child Care Program].

By signing below, I acknowledge that, depending on my child's IEP, specialized services may require an Itinerant Team Member to work one-on-one with my child within the child care program's EEC-approved indoor/outdoor space and that my child, therefore, may or may not be under the direct supervision of program staff during that time.

(REQUIRED): Names, Signature, and Date:

Child Name

Parent/Guardian Printed Name

Parent/Guardian Signature

Date