The Pathways Schools
Student Information and Consent Forms

Student's Name *

First Name

Last Name

Date

Date

PART 1 - Permission to communication with, receive, share and exchange information on behalf of my child.

I give permission to The Pathways Schools to exchange and/or release (written, verbal, or both) confidential student information with the agency(s) selected below on behalf of my child for transition services (check all that you permit the information to be shared):

DORS Divisions of Rehabilitation Services/ RSA Rehabilitation Services Administration
- Yes
- No

Pre-ETS (Pre-Employment Transition Services)
- Yes
- No

Employment Services
- Yes
- No

Developmental Disabilities Administration (DDA)
- Yes
- No

Behavioral Health Administration (BHA)
- Yes
- No

Maryland Department of Labor (MDOL)/America's Job Centers
- Yes
- No

Other (please specify)

PART 2 - Permission for Referral on behalf of my child

I give permission to The Pathways Schools to make a referral to the agency selected below on behalf of my child for transition services:

DORS
- Yes
- No

DORS Pre-ETS (Pre-Employment Transition Services)
- Yes
- No

DORS Employment Services
- Yes
- No

PART 3: Consent to invite adult service provider agency to the IEP meeting for my child

I give permission to The Pathways Schools to invite the agency(s) indicated below to the IEP meeting for my child (check all that you permit to be invited):

DORS
- Yes
- No

Developmental Disabilities Administration (DDA)
- Yes
- No

Behavioral Health Administration (BHA)
- Yes
- No

Maryland Department of Labor (MDOL)/America's Job Centers
- Yes
- No

Other (please specify)

PART 4: By signing this consent form, I understand that:

- The consent given for Part 1 (Communication) and Part 2 (DORS Referral) are valid for 12 months from the signature date below.
- Part 3 of this form will require a signature for each IEP meeting where an agency representative is requested.
- Activities marked with "Yes" above indicates my permission to allow the action to occur on my child's behalf, throughout the year.
- Activities marked with a "No" above will not be conducted on behalf of my child unless written consent is provided at a later date.
- My consent is voluntary and may be revoked at any time with written notification.

Parent/guardian initials: *