

# Parent/Guardian ADSIS Notification

## [Name of Program]

Student:  
Date:

As part of their school day, this student will be participating in [Name of Program]; designed to [describe services here].

Start date:  
Schedule of intervention:  
Goal of intervention:  
Date to review progress:  
Strategies for increasing child’s rate of learning:

*This program is funded with support from the Minnesota Department of Education. Information and data collected during the intervention process will be included in required state reports at the end of the year. The data will only be accessible to state employees managing the program. The data submitted in these reports will include school assessment results and progress in the interventions as well as whether they were referred for special education. It may also be used as part of the evaluation procedures for determining special education eligibility. However, a comprehensive evaluation is still required. Schools will need to examine all relevant aspects of a student’s performance and history, and rule out other primary causes for the learning problems before concluding that a disability does or does not exist. Parents/guardians have the right to request a special education evaluation.*

### Please select one of the statements below and sign

I give permission for my child to participate in the [insert name of program] as described above.

I would like to opt out and not have my child participate in the [insert name of program].

Parent/Guardian Signature:   
Date:

*This permission will expire in 12 months from date of signature. It can also be revoked at any time by request of parent/guardian.*