**CONSENT TO SERVICES and RELEASE OF INFORMATION**

Under the Family Education Rights and Privacy Act (FERPA) 2021-2023

I consent for my family to receive school success services through the Improving School Attendance Collaborative (ISA). To enable education planning and coordinate services, I also consent for Everett Public Schools to release my child(ren)’s educational records to assist the ISA Collaborative to provide services to my family.

**The education records and information to be released may include:**

|  |  |
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| [x] Attendance | [x] Family history |
| [x] McKinney-Vento Records  | [x] IEP, 504, FBA and BIP documents |
| [x] Grades | [x] Test scores, including SBA |
| [x] Discipline and behavior | [x] Classroom observation |
| [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

This release allows the ISA Collaborative Coordinator and the Child Family Advocate (**CFA**) to access education records online and/or directly from the School or District. I understand the Collaborative Coordinator and the **CFA** will use these education records to monitor my child(ren)’s academic progress and to evaluate and improve the support the **CFA** offers. I further understand that the **CFA** coordinates assessment, planning and intervention efforts with schools and other social service agencies, but that the **CFA** will not disclose my child’s educational records to anyone outside the collaborative without written permission. A list of agencies participating in the ISA Collaborative is included on the reverse of this document.

This release may be revoked or withdrawn at any time in writing, but that will not affect any information already shared. This consent and release of education records to the **Improving School Attendance Collaborative and the CFA** will be **valid through the 2022-2023 school year**, or as long as the student is served by the ISA Collaborative, whichever is the lesser time length.

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| **Parent/Caregiver’s Name- PRINT** |  | **Date** |
|  |  |  |
| **Parent/Caregiver’s Signature** |  | **Phone** |
| **Email** |  |  |

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| **Family members included for this consent: (use additional space if needed)**  |
| **Name (Parents and Children)** | **Date of Birth** | **Age** | **Gender** | **School (if any)** |
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**Please contact the ISA Collaborative Coordinator if you have questions.**

**Monica Wilson:** **monicabestwilson@housinghope.org****; 425-347-6556 x202**

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| **Improving School Attendance Collaborative Partners** |
| Amerigroup WashingtonBoys and Girls ClubsChildStriveCollege of HopeDomestic Violence ServicesEdmonds CollegeEverett Gospel MissionEverett Police DepartmentEverett Public SchoolsHomage Senior ServicesHopeWorks  | Housing HopeInterfaith Family ShelterParent Trust for Washington ChildrenProvidence Institute for Healthier CommunityRefugee and Immigrant Services NWSnoCo Early Learning CoalitionTomorrow’s Hope Child Development CenterUnited Way of Snohomish CountyVolunteers of AmericaWorkforce SnohomishYMCAYWCA |