

**Claysburg Kimmel School District
Service Agreement
22Pa.Code Chapter 15**

Student Name:
Date Services to Begin:
Date Services to End:
Initial Agreement Date:
Modified Agreement Date:

I am writing as a follow-up on our recent evaluation concerning your child and to summarize our recommendations and agreements for aids, services or accommodation. The aids, services or accommodations are as follows:

The following procedures need to be followed in the event of a medical emergency:

The attached letter outlines your rights to resolve any disputes that you may have concerning the recommended aids, services or accommodations. If you have any questions concerning your rights or the aids, services, or accommodations recommended, please feel free to contact me.

School District Administrator

Date

Directions: Please check one of the options and sign this form

_____ **I agree and give permission to proceed as recommended**

_____ **I do not agree and do not give permission to proceed as recommended.**

_____ **I would like to schedule as informal conference to discuss my concerns.**

My reason for disapproval is _____

Parent(s) Signature

Date

Parent(s) Signature

Date