



2 West Lafayette Street | Norristown PA 19401 | 610-755-9400 | www.mciu.org

CONSENT TO OBTAIN STUDENT SCHOOL RECORDS and to OBSERVE STUDENT IN CLASS

Your child's non-public school has referred him/her to the Office of Student Services Montgomery County Intermediate Unit [MCIU] for Act 89 Psychological Services. Act 89 psychological services are provided to help identify a student's strengths and weaknesses and assist the private/nonpublic school in educating your child. Act 89 psychological services provided by the MCIU may include any of the following: psycho-educational evaluation, diagnostic evaluation, consultation, short-term therapy and/or crisis support. Please note that an Act 89 evaluation is NOT considered an evaluation or re-evaluation for special education services under the Individuals with Disability Education Act (IDEA).

In order for the MCIU to effectively determine the need for, type and extent of psychological services it is necessary for our professional staff, comprised of school counselors, school psychologists and supervisors/administrators, to obtain and review your child's school records as well as observe your child in his/her regular classroom setting. These school records may include but are not limited to academic performance as measured by both teacher issued grades and standardized test scores, conduct/discipline, prior psychological and/or Intermediate Unit services which may have been received, teacher/principal/staff observation/response forms and medical records. The observation will generally be conducted by either a school counselor or school psychologist. While it will be necessary to schedule an observation date and time with the respective classroom teacher the date/time will remain in the confidence of the observer.

I grant permission to the nonpublic school to release my child's records, as described above, to the Montgomery County Intermediate Unit for the purpose of determining the need for, type and extent of psychological services which may be rendered. I further agree to the Montgomery County Intermediate Unit observing my child in his/her regular classroom setting.

Student's Name: _____ **Gender:** _____ **DOB:** _____

Name of Non-Public School: _____

Parent/Guardian Signature: _____

Parent/Guardian Name (please print): _____

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