



**South Bend Community School Corporation
Special Education Services**

PERMISSION FOR COMMUNITY TRAINING

Student Name: _____ SBCSC ID#: _____ STN#: _____

Date: _____

Dear _____

We are planning to provide _____ direct instruction in the local community as described below.

Site(s) that may be used for instruction include but are not limited to:

To meet instructional needs as part of the current Individualized Educational Plan for your student the following skills will be worked on in community settings:

This student will be supervised at all times by a special education teacher, school therapist, or a special education para-educator. Students will walk, or will be transported by SBCSC vehicles or TRANSPO.

Please sign the permission form below and return it to the school as soon as possible. Thank you for your assistance and cooperation. If you have any questions or concerns regarding community-based instruction or activities, please do not hesitate to call me.

You may reach me at: _____

Sincerely,

Special Education Teacher

I give my permission for: _____ to participate in community based instruction as described in the objectives in the IEP of my student. I understand that this is an ongoing part of the IEP, and that this part of the IEP may be reevaluated at my discretion.

Parent/Guardian signature: _____ Date: _____

Permission granted covers the current school year.