Wayne Township Public Schools Wayne, New Jersey

Standard Operating Procedure: Visitation Protocol for Private Related Service Providers, Private Evaluators, and Other Professionals

Subject: Visitation Protocol for Private Related Service Providers, Private Evaluators, and Other Professionals	Effective Date: 1/19/19	Page 1 of 3
	Approved: Dr. Mark Toback	

- **I. Purpose:** Establish a district-wide procedure for visitations by private service providers, private evaluators, and other professionals in alignment with New Jersey Statutes and Administrative Code (N.J.S.A. and N.J.A.C.).
- **II. Authority:** As per N.J.S.A. 2C:18-3; 18A:20-1; and 18A:20-34; N.J.A.C. 6A:14-2.5(c)6; and Wayne Policy #9150.
- **III. Terms and Conditions:** This process applies to requests for visitations by private related service providers, private evaluators, and other professionals.
- **IV. Approval Process:** Dr. Mark Toback
- **V. Consequences:** Failure to follow the SOP will result in denial of a visitation request.
- **VI. Dissemination:** All Child Study Team members, Related Service Providers, Principals, Directors, Assistant Superintendent, and Superintendent.

Rationale:

It is best practice for the district to collaborate with parents and private related service providers, private evaluators, and other professionals in order to maximize the consistency and synchronization between home and school programs in order to maximize the child's progress. However, it is critical that the visit be carefully scheduled and closely monitored in order to respect the privacy of all students and staff in the program, provide the least amount of distractibility from the students' learning environment, to demonstrate the excellence of our district's programs, and to ensure the safety and security of a school building.

Procedure:

- 1. When any staff member is contracted by a parent regarding a visit, the case manager must be the primary facilitator/contact.
- 2. The parent must complete the "Parent Request and Consent for Visitation" form to request permission for a private service provider, private therapist, or professional (known as "observer") to visit a program in order to observe a child enrolled in a special education program. This completed form is given to the case manager.
- 3. The case manager must communicate with the school principal, Elementary or Secondary Assistant Principal of Student Support Services, and the certificated staff member equivalent to the observer throughout the process.
- 4. When the signed parent consent is received, the case manager will speak directly to the observer identified by the parent to gather information: the observer's contact with the family and child, and the purpose of the visit.
- 5. The parent then forwards "Request for Visitation," to the observer to complete and return.
- 6. Upon receipt of completed "Request for Visitation," a case manager will schedule a classroom visit not to exceed 60 minutes without the express permission of the case manager, on a mutually agreed upon date and time. The case manager and a school professional of equivalent certification to the observer, must be present during the visit.
- 7. The case manager contacts the observer directly to advise of the visitation date and time.

- 8. Following the classroom visit, the case manager and the school professional will be available to meet with the observer to respond to questions.
- 9. At no time may the staff respond to questions regarding staff certifications, training, years of experience or questions related to other students in the class.
- 10. Questions for the classroom teacher or other school staff, who provide services to the student, may be provided in writing and responses will be provided to the observer at a later date.
- 11. An observer may be asked to leave at any point that any school personnel finds that the observer is impeding or distracting from the learning environment.

EXHIBIT

1

Wayne Township Public Schools Wayne, New Jersey

PARENT REQUEST AND CONSENT FOR VISITATION

I hereby request per	rmission and give consent				
for	(name of observer) to visit my child's				
	(name of child) educational program.				
<u>Observer</u>					
Address:					
Phone:					
Email:					
	ch resume and supporting documents):				
Relationship of the therapist to the o	child and family:				
The purpose of the visit is as follows	s:				
Parent/Guardian Signature	 Date				

EXHIBIT

2

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OBSERVER VISITATION REQUEST

Date:
Student Name:
<u>Observer</u>
Name:
Address:
Phone:
Email:
Credentials of Observer (please attach resume and supporting documents)
Observer's Relationship with Student and the Student's Family:
Purpose of Visitation:
I understand and agree that all information gathered during the observatio
is confidential and may not be shared publicly.
Observer Signature Date