Parent Consent for Electronic Delivery of Certain Special Education Records

Maine Special Education Rule XIV.14 (2015) requires written parental consent for any school unit to send by electronic mail (e-mail) certain special education records to the parent of a child with a disability. Those special education records are the following:

1) Written Notice;
2) Procedural Safeguards;
3) Advance Written Notice;
4) The child's IEP;
5) Annual Parental Consent Notification;
6) Progress Reports on IEP goals; and
7) Notices related to a due process hearing.

South Portland School Department is seeking your written consent to provide these documents to you by electronic mail (i.e. e-mail), in addition to other documents that we might send to you by electronic mail from time to time.

As part of obtaining informed consent, we want you to know the procedures that the school unit has in place to ensure that information being distributed via electronic mail is secure during delivery to you.

South Portland School Department sends these records only to the email address that you provide to us. You should be sure that only people who have authorized access to your email account are able to access these records once you receive them. Please provide the email address you wish us to use: _____________________________

It is your responsibility to notify us if there is a future change in your email address.

If electronic delivery for the records listed above is acceptable to you, please provide written consent to that delivery below. Without your written consent, we will provide such records to you only through U.S. first class mail. This consent applies only to delivery of records by South Portland School Department.

You may revoke this consent at any time in writing.

______________________________________________
Signature of Parent

______________________________________________
Date

______________________________________________
Printed Name

______________________________________________
Name(s) of Child(ren)

In addition to the above permission, by signing below I indicate my consent to send special education evaluations via the email address provided above.

______________________________________________
Signature of Parent

______________________________________________
Date

PLEASE KEEP THE ORIGINAL FORM IN THE SPECIAL EDUCATION FILE AND SEND A COPY TO: Susan Kinney, Office Manager Instructional Support, 130 Wescott Rd., South Portland, ME 04106 or KinneySu@spsd.org.

“ENRICHING LIVES THROUGH QUALITY LEARNING FOR ALL”