



CAMBRIDGE PUBLIC SCHOOLS

159 THORNDIKE STREET CAMBRIDGE, MASSACHUSETTS 02141

To be translated into the student's home language
CAMBRIDGE PUBLIC SCHOOLS
INFORMED CONSENT AND RELEASE
FOR STUDENT BEHAVIOR OBSERVATION

I, \_\_\_\_\_, acknowledge that my child,
(Print Name of Parent/Legal Guardian)

\_\_\_\_\_ has been recommended for behavioral observation services.
(Print Child's Name)

The reason(s) for the recommended behavioral observation services are:

\_\_\_\_\_
\_\_\_\_\_

I also give consent for the Cambridge Public Schools to release my child's student record, health and other confidential information and other Protected Health Information as that term is defined in the Privacy Rule of the Health Insurance Portability and Accountability Act to the behavioral observation services, and for my child to participate in these behavioral observation services. Further, I also give consent for the Cambridge Public Schools, including without limitation, to communicate with the following community agencies:

(List Community Agencies)

\_\_\_\_\_. I also agree and grant permission for these community agencies to release to the Cambridge Public Schools, including without limitation, my child's student record, health and other confidential information and other Protected Health Information as that term is defined in the Privacy Rule of the Health Insurance Portability and Accountability Act.

I understand that my participation in my child's behavioral observation services is greatly appreciated and encouraged. I have read this Informed Consent and Release for Student Behavioral Observation Services and understand its terms. I sign it voluntarily and with full knowledge of its significance, and understand that I may withdraw my consent at any time.

Parent/Legal Guardian's Signature

Date