



The School District of Escambia County

J.E. Hall Educational Services Center
30 East Texar Drive
PENSACOLA, FL. 32503
Timothy A. Smith, SUPERINTENDENT

"Making A Positive Difference"

Procedures for Collaboration of Public and Private Instructional Personnel

Citation:

Section 1003.572 Florida Statutes indicates that private instructional personnel who are hired or contracted by parents to collaborate with public instructional personnel must be permitted to observe the student in the educational setting, collaborate with instructional personnel in the educational setting, and provide services in the educational setting according to the following requirements:

- (a) The student's public instructional personnel and principal consent to the time and place.
- (b) The private instructional personnel satisfy the requirements of s.1012.32 or s.1012.321.

Definition:

As used in this statute, the term "private instructional personnel" means:

- (a) Individuals certified under s.393.17 or licensed under chapter 490 or chapter 491 for applied behavior analysis as defined in ss.627.6686 and 641.31098.
- (b) Speech-language pathologists licensed under s.468.1185.
- (c) Occupational therapists licensed under part III of chapter 468.
- (d) Physical therapists licensed under chapter 486.
- (e) Psychologists licensed under chapter 490.
- (f) Clinical social workers licensed under chapter 491.

Procedures:

1. On an annual basis, the parent/legal guardian must inform the school principal of their request for private/public collaboration through completion of **page one** of the Request for Private Instructional Personnel Collaboration form.
2. The parent/legal guardian or the private instructional personnel must provide documentation of licensure or certification according to state statute. The parent must sign the portion of the form indicating the District will be held harmless in any action performed by the personnel contracted by the parent.
3. The principal will contact the District ESE Department (director, coordinator or program specialist) and consult regarding appropriateness of request and ensure criteria for service provision has been met.
4. **Page two** of the Request for Private Instructional Personnel Collaboration form must be completed by the private instructional personnel. The individual must submit to the District's fingerprinting, background check and badging procedures by following directions posted on the District's website. Background screening will be done at the expense of the private instructional personnel. Private Instructional Personnel must sign the section referencing confidentiality laws and non-solicitation of clients based upon information gained while working in the school(s).
5. The principal will complete **page three** of the Request for Private Instructional Personnel Collaboration form indicating consent to collaboration. All sections of the form pertaining to time and place must be completed if request is approved. Should there be reason to deny consent for collaboration, the principal must indicate so and give explanation as to why consent is denied. Examples may include reasons such as the individual does not meet the statutory definition of "private instructional personnel", the individual does not hold current certification or licensure or the parent refused to sign "hold harmless" language, etc.
6. The original form should be filed in the student's cumulative ESE record (red folder) at the school. An electronic or hard copy of the completed request form must be submitted to the Director of ESE and appropriate Level Director and provided to the parent and private instructional personnel.



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Request for Private Instructional Personnel Collaboration

To be completed by PARENT

Student Information

Student Name: _____ Date of Birth: _____

School: _____ Grade: _____ Teacher: _____

Parent Name: _____ Contact Phone Number: (____) _____

Private Professional Information

Name: _____ Job Title: _____

Contact Number for Professional: (____) _____

Certificate/License #: _____

Certifying/Licensure Agency: _____

Purpose of Collaboration: (specify goal(s), anticipated timeline and description of services to be provided – attach additional documentation if necessary)

For and in consideration of having been granted permission by the School District of Escambia County, FL (the District) to utilize District facilities to provide Private Instructional Personnel Collaboration (activity) for my child/ward, I the **Undersigned** do hereby agree, to protect, defend, and hold harmless the District, its subsidiaries or affiliates, elected and appointed officials, employees, volunteers, representatives and agents from any and all claims, suits, actions, damages, liability and expenses in conjunction with loss of life, bodily injury or personal injury, or property damage, including loss of use thereof, directly or indirectly caused by, resulting from, arising out of or occurring in connection with this activity.

By the signature to this document, the Undersigned acknowledges that it understands the contents of this document and is voluntarily agreeing to its terms.

Parent Signature

Date

To be completed by PRIVATE INSTRUCTIONAL PERSONNEL

Attestation

Name: _____ Job Title: _____

Contact Number for Professional: (____) _____

Certificate/License #:(copy to be provided to school) _____

Certifying/Licensure Agency: _____

Purpose of Collaboration: (specify goal(s), anticipated timeline and description of services to be provided – attach additional documentation if necessary)

I, _____, am aware of, and shall fully comply with, the
(Print Name)
requirements of §1002.22, F.S.; Florida Administrative Code R. 6A-1.0955; 20 U.S.C. 1232g (FERPA); 34 C.F.R. §§99.31 – 99.33, and all other applicable laws and regulations, both federal and state, regarding the confidentiality of student information and records. I understand and agree that I am on school district property for the sole purpose of providing services to the student named in this request, and I will not solicit business from any other person based upon information I receive while on school district property.

Private Instructional Personnel Signature

Date

To be completed by PRINCIPAL

Approval Documentation

Request for private instructional personnel collaboration has been reviewed and the following documentation has been provided:

- _____ Proof of Certification/Licensure
- _____ Description of Services to be provided
- _____ Parent Signature for Hold Harmless Agreement
- _____ Signed Acknowledgment of FERPA and Non-solicitation Agreement (BELOW)

Approval Statement

_____ Upon satisfaction of the requirements of s.1012.32 or s.1012.321, principal and student's public instructional personnel consent to service provision at _____ at _____ in _____.
(School Name) (Time-Time) (Place)

_____ Principal does not consent to service provision based on _____

_____.

Principal Signature

Date

Distribution: Cum Folder (original), ESE Director, Level Director, Parent, Private Instructional Personnel