



RECORDS RELEASE FORM and CONSENT FOR SERVICES – All Grades
Pneuma Christian Academy / SAIL



I, _____ parent/guardian of _____ born on _____ and student in the _____ (grade) at **Pneuma Christian Academy (PCA)** authorize PCA to engage in written and/or verbal communication for the release of my child's academic records, documents and other information with **Specialized Academy of Innovative Learning (SAIL)**. We also understand that the administration and staff at PCA will request that SAIL staff provide to **ALL PCA** students without initial parental communication the following services deemed necessary by PCA administration:

*Classroom observations * Teacher meetings/consultations * Academic assessments * Initial school counseling sessions

Furthermore, I authorized **PCA** and **SAIL** to engage in written and/or verbal communication for the release of my child's academic records, documents, and other information with the following providers and/or individuals: (Providers currently working with student outside PCA or on PCA campus, including RBT's, Speech Therapists, Occupational Therapist. Etc.)

Individual's Name: _____ Telephone: _____ Email: _____

Company Name: _____ Profession/Discipline/Relationship: _____

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Company Name: _____ Profession/Discipline/Relationship: _____

Individual's Name: _____ Telephone: _____ Email: _____

Company Name: _____ Profession/Discipline/Relationship: _____

Individual's Name: _____ Telephone: _____ Email: _____

Company Name: _____ Profession/Discipline/Relationship: _____

Shared information may include any of the following: Report Cards, Standardized testing scores (NWEA MAP, SAT, IOWA etc.), Academic Progress, School/Education Records, Evaluation Results/Notes (academic, social/emotional, therapeutic, medical, psychological, and psychiatric), Case Progress/Therapy Notes, and/or Exceptional Student Education/Section 504 Records and classroom observations.

All information that I have authorized for release is strictly confidential and cannot be shared without written consent to any other agency or person. I understand that the above information will be shared with all Pneuma Christian Academy and Specialized Academy of Innovative Learning Staff, Faculty and Administration on a need-to-know basis.

I understand that I may withdraw my consent at any time by sending a written notification to PCA & SAIL's administration.

Parent Signature: _____ Date: _____



Policies & Procedures for All Service Providers on Campus

Welcome to our campus! We are glad you are here to partner with us in helping our students succeed. To maintain a safe campus, the following policies and procedures **will need to be adhered to**. Not following these policies and procedures may result in the therapist not being able to render services on our campus.

To maintain a secure, respectful, and professional environment for our students and staff, all service providers and therapists must adhere to the following guidelines while on campus: **Please initial beside each policy acknowledging understanding an acceptance of the policies.**

1. Sign-In and Out/Identification

Initial: _____

- All providers must **sign in** at the main office upon arrival. **Signing out at the time of arrival is not permitted.**
 - All providers must **sign out** at the main office before leaving for the day. NO EXCEPTIONS
 - ID badges must be **worn at all times** while on campus.
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2. Dress Code

Initial: _____

- Attire must be **scrubs or professional clothing**.
 - The following are **not permitted**: leggings, hats, crocs, sandals, ripped jeans.
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3. Smoke-Free Campus

Initial: _____

- Pneuma Christian Academy is a **tobacco-free environment**.
 - Smoking, vaping, or use of e-cigarettes is strictly **prohibited** anywhere on campus.
 - Violations will result in immediate notification to your agency and the student's parent, and you will no longer be permitted to render services on campus.
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4. Required Documentation

Initial: _____

All documents must be submitted **BEFORE** providing services (either in-person or by email to: **ssd@pneumachristianacademy.org**):

- Therapist Contact Form.
 - Copy of Fingerprints and Background Check.
 - Copy of Driver's License.
 - Copy of Professional License.
 - Letter of Good Standing from your agency (on company letterhead).
 - Parent/Guardian Consent allowing communication with school personnel (School Provided Form).
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5. Therapist Substitutions

Initial: _____

- If another therapist will be covering your student, your **agency must notify** the Student Support Department via email at ssd@pneumachristianacademy.org (ATTN: Marcia Montaner) before the substitute begins.
 - The substitute must submit all required documentation a week **prior to rendering services**.
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6. Service Locations

Initial: _____

- All services will be provided in the location where the student is situated on campus (e.g., classroom, cafeteria, etc.).
 - All after-school services must take place in the **cafeteria**, or another designated area as assigned by PCA/SAIL administration.
 - Therapists are **NOT** permitted to sit in the chapel, outdoor areas, or any location where their assigned student is not present. Therapists must always supervise their students at all times.
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7. Student Interactions and Confidentiality

Initial: _____

- Therapists may **not discipline or address students** who are not assigned to them. Any concerns should be directed to PCA/SAIL staff.
 - Sharing information about any student with another parent/guardian is strictly **prohibited** unless there is **written parental consent**.
 - Violations will result in immediate suspension and a required meeting with agency representatives and the student's parent/guardian.
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8. Classroom Conduct

Initial: _____

- Therapists are to be with their assigned students at all times.
 - Therapists must follow all **classroom rules** and **sit in designated areas** as directed by the teacher.
 - During electives (e.g., recess, physical education, lunch), therapists are expected to **continue services** with their assigned students.
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9. Servicing Multiple Students: On-Campus Protocol

Initial: _____

- Therapists are to provide services to one student at a time.
 - Therapists must sign in and out in between students.
 - Therapists are not permitted to move back and forth between students throughout the day.
 - Therapists must provide a precise schedule that they will follow for each student.
 - PCA/SAIL reserves the right to suspend services for one of the students if the above-mentioned guidelines are not followed.
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10. Photography and Video

Initial: _____

- The **taking of pictures or videos** of students or staff on campus is strictly **prohibited**.

11. Supervisor Visits

Initial: _____

- BCBA's or other supervisors are allowed a maximum of **two hours per week** in the classroom.
- For extended observation time, prior approval is required from the Student Support Director. Please email ssd@pneumachristianacademy.org to request additional time.

12. Technology Use

Initial: _____

- Personal phone use—including calls and texting—is **not permitted** during class time.
- Mobile devices should be kept on **silent mode** while on campus.

13. Academic Support

Initial: _____

- Therapists may request **class notes or materials** from teachers to better support their students' academic progress.

14. Parking

Initial: _____

- **All therapists must park in the grass area.**

Questions or Concerns?

Please direct any questions or concerns to: **Marcia Montaner** (Student Support Director)

Email: ssd@pneumachristianacademy.org

Acknowledgment

By signing below, I acknowledge receipt of the above policies and procedures and agree to comply with them while providing services at Pneuma Christian Academy.

Therapist Name

Therapist's Signature

Date

SSD Representative

SSD Representative's Signature

Date



Documentation Checklist

Therapist Name: _____ Date: _____

Student Name: _____ Grade: _____

Discipline:

- ☐ RBT
- ☐ BCBA
- ☐ Speech Therapist
- ☐ Occupational Therapist
- ☐ Other: _____

Dear Therapist,

Please see the list below for missing documentation. These documents are required to be on file at PCA to render services at our facility. Please turn them in to the front office at your earliest convenience.

Documents:	Received:	Missing:
Therapist Credentials/ License		
Supervisor Credentials/ License		
Parental Record Release Form (Provided by PCA)		
Policies and Procedures (Signed-Provided by PCA)		
Therapist Contact Form (Provided by PCA)		
Driver's License		
Fingerprints		

We thank you for your continuous support and for partnering with us to service our students.

Sincerely,

PCA/SAIL Administration



Name of Child Receiving Services: _____

Grade: _____

School Year: _____

THERAPIST CONTACT FORM

Therapist Name: _____ Therapist Cell Phone: _____

Therapist Email: _____

Discipline (RBT, BCBA, Speech, OT, etc.): _____

License/ Certification Number: _____ Date Issued: _____

Expiration Date: _____ State: _____

Start Date of Services: _____ End Date of Services (if known): _____

Therapist's on Campus Schedule of Services:

	Monday	Tuesday	Wednesday	Thursday	Friday
Days					
Times					

Agency Name: _____

Agency Contact: _____ Email: _____

Agency Address: _____ Agency Phone Number: _____

Supervisor's Name: _____ Supervisor's Phone: _____

Supervisor's Email: _____

Credentials: _____

License Number: _____ Date Issued: _____

Expiration Date: _____ State: _____

Supervisor's on Campus Schedule of Services:

	Monday	Tuesday	Wednesday	Thursday	Friday
Days					
Times					

List Name, Discipline, and Contact information of any other professionals working with students at PCA:

Name	Discipline	Phone and Email	Dates/ Times on campus

For PCA Office Use Only:	Received
Therapist Credentials/License	
Supervisor Credentials/License	
Records Release	
Policies and Procedures	
Driver's License	
Fingerprints	