

MOORESTOWN TOWNSHIP PUBLIC SCHOOLS

*Child Study Team
Moorestown High School, 350 Bridgeboro Rd.
Moorestown, NJ 08057
(856) 778-6610 Ext.12101
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RECORDS RELEASE FORM

*David J. Tate.
Director, Special Education*

TO: _____ DATE: _____
_____ STUDENT: _____
_____ D.O.B.: _____

We are enclosing the following report(s) and/or document(s) on the above named student:
 requesting

- | | |
|--|--|
| <input type="checkbox"/> Classification Report | <input type="checkbox"/> Audiological Report |
| <input type="checkbox"/> Annual Review | <input type="checkbox"/> Central Auditory Processing (CAP) |
| <input type="checkbox"/> Individualized Educational Program (I.E.P.) | <input type="checkbox"/> Neurological Report |
| <input type="checkbox"/> Referral Information | <input type="checkbox"/> Psychiatric Report |
| <input type="checkbox"/> Psychological Report | <input type="checkbox"/> Physical Therapy Report |
| <input type="checkbox"/> Learning Consultant Report | <input type="checkbox"/> Occupational Therapy Report |
| <input type="checkbox"/> Social Worker Report | <input type="checkbox"/> Vision Report |
| <input type="checkbox"/> Speech Report | <input type="checkbox"/> Health Records |

Other: _____

If you require any additional information, please contact the Child Study Team by telephoning 856-778-6610, extension 12101, between the hours of 7:30 AM and 4:00 PM.

Parent/Guardian Name – PLEASE PRINT

Parent/Guardian Signature

Date

This form is to be filled out by the parent/guardian when confidential records are requested. The completed form will be in the student's Child Study Team folder as a record of who has received data on the student.

c: Student File