

DUTCHESS COUNTY
BOCES
Salt Point Center
5 BOCES Road
Poughkeepsie NY 12601
(845) 486-8004

UNDERSTAND AND CONSENT FORM

TO: All Parents/Guardians

Please review the statement below and return the signed copy of this page to the school.

“I understand the expectations and responsibilities outlined in the **BOCES Special Education Handbook and Code of Conduct**. I agree that my child shall be held responsible for the behavior and consequences in the school Code of Conduct while on school property attending school-sponsored activities.

“I understand that serious infractions of the school rules may result in Out of School Suspension. Likewise, I agree that other violations and behavioral episodes will be addressed in school by interventions which may include use of the Behavior Recovery Room; Mediation; Physically Guided Escort; Therapeutic Protective Restraints; Quiet/Time Out Rooms; and Life Space Interviewing.

“I understand that BOCES does not discriminate based on disability regarding admission, access to school programs, or clinical treatment. My child has the right to an individualized evaluation, an examination of relevant records, and an impartial hearing.”

Please check the following:

- I have reviewed and understand the expectations and responsibilities outlined in the Handbook and Code of Conduct.

Student Name/Student Signature

Date

Parent/Guardian Signature

Date