

102 West Main Street
Berne, IN 46711



ADAMS WELLS
SPECIAL SERVICES COOPERATIVE

Phone: 260-824-5880
Fax: 260-824-8654

Electronic Communication Agreement

Student Name: _____

School District: _____

Date of Birth: _____

I agree to have the following confidential documents associated with my child's special education record sent to me via electronic communication. The contents of the electronic communication are considered confidential and intended for the recipient specified below only. I understand that my email may not be protected and could leave my student's information vulnerable. I may revoke this permission at any time by contacting the Director of Special Education at Adams Wells Special Services Cooperative.

Check all that apply:

- I do not provide permission for electronic communication for special education records
- Testing protocols and other documents that I am required to complete for evaluations
- Evaluation Reports
- Finalized IEPs (Individualized Education Program)
- Required Prior Written Notices (example: Case Conference Meeting Notice)
- Progress Reports on Goals
- Notice of Procedural Safeguards

Printed Name: _____

Email Address: _____

Signature: _____

Date: _____

A parent may elect to receive the written notices required by Article 7 by an electronic mail communication if the public agency makes that option available.

511 IAC 7-40-9 and 511 IAC 7-42-16

Attention Staff: Provide completed copy to: Parent, Teacher of Record, and AWSSC

testing@awssc.k12.in.us

Upload into Documents tab in Indiana IEP

North Adams Community Schools

Adams Central Community Schools

South Adams School

Bluffton-Harrison M.S.D

Southern Wells Community Schools