



Exceptional Student Education

Procedures for Collaboration of Public and Private Instructional Personnel (Sept. 2019)

Background

Section 1003.572, Florida Statutes (2013), was enacted to provide parents with the opportunity to enhance the education of students under the Individuals with Disabilities Education Act (IDEA). A Parent can hire certain professionals to observe the student in the educational setting, collaborate with instructional personnel, and provide services in the educational setting, provided that:

1. The instructional personnel and principal consent to the time and place
2. The private instructional personnel satisfy the requirements of section 1012.32 or 1012.321, Florida Statutes. This program may not replace or interfere with the District's responsibilities under the IDEA.

Only the following professionals are eligible to participate:

1. Individuals certified under s. 393.17 or licensed under chapter 490 or chapter 491 for applied behavior analysis services as defined in ss. 627.6686 and 641.31098.
2. Speech-language pathologists licensed under s. 468.1185.
3. Occupational therapists licensed under part III of chapter 468.
4. Physical therapists licensed under chapter 486.
5. Psychologists licensed under chapter 490.
6. Clinical social workers licensed under chapter 491.

Instructions

1. The parent/guardian(s) must complete the first section of the application packet, *Request for Collaboration of Public and Private Instructional Personnel*. **When completed, the form shall be submitted to the student's school.**
2. The school shall review the student's schedule and complete the second section of the Request packet, *Available Times for Collaboration*. Please note that the times available to provide direct services to the student will be limited to non-instructional time, including lunch and special areas. **When completed, the school shall retain a copy of the Request packet and return the original to the parent to give to the private instructional professional.**
3. The private instructional professional shall complete the third section of the Request packet, *Private Instructional Personnel Request to Provide Services*, and **submit it in person to the District's Human Resources Department, 620 E. University Ave., Gainesville, FL 32605**. In addition to the form, all applicants will be required to submit their fingerprints and proof of both licensure and insurance as outlined in the Request packet.
4. When all the required documents are completed and the background check is passed:
 - **Human Resources will make two copies of the completed Request packet.**
 - **One copy will be kept on file at Human Resources**
 - **The other copy will be provided to the parent/guardian**
 - **The original will be returned to the school for placement in the student's education records.**In addition, Human Resources will notify the private instructional professional that he or she has been cleared to provide services and can return to Human Resources to obtain an identification badge.
5. After obtaining the identification badge, the private instructional professional shall contact the school to coordinate contact with the student according to the approved schedule.
6. If the private instructional professional does not pass the background check, Human Resources shall notify the private instructional professional of the failure and the reason why. In addition, Human Resources will retain one copy of the denied request. Another copy of the denied Request packet will be returned to the parent without specifying the reason for the denial, and the original will be returned to the school for placement in the student's education records.
7. If there are any questions about these procedures or with the child's services under the IDEA, please contact our Exceptional Student Education Department at (352) 955-7676.

Request for Collaboration of Public and Private Instructional Personnel

Section 1 – Parent/Guardian Request and Consent

1. Student Information

Name: *(first-MI-last)* _____

School/Center: _____

Date of Birth: _____ Grade: _____

2. Parent/Guardian Information

Parent/Guardian Name: *(first-MI-last)* _____

Address: _____

Phone: _____ Email: _____

3. Private Instructional Personnel Information

Name: _____

Address: _____

Phone: _____ Email: _____

Profession: _____ License No.: _____

Licensing Agency: _____ Expiration: _____

4. Private Instructional Personnel Employer Information

Name: _____

Address: _____

Phone: _____ Email: _____

5. Types of Services Requested (check those that apply)

☐ Observation:

☐ Direct Provision:

6. Consent

By signing below, I/we consent to having the above-named private instructional personnel provide services to my/our child at school during regular school hours during the school year of ____.

I/We understand that school staff and the private instructional professional will share private information about my/our child with each other and that services provided cannot replace those that the School District must provide under the IDEA and my/our child's IEP.

I/We also agree to defend, fully indemnify, and hold harmless The School Board of Alachua County, Florida, and its employees for any expense, cost, loss, damage, claim, judgment, or claims bill incurred or rendered against The School Board of Alachua County, Florida, including attorney's fees and investigation expenses on account of any intentional or negligent acts or omission of the private instructional personnel hired by me/us.

Signature: _____ Date: _____

Relationship to Student: _____

Signature: _____ Date: _____

Relationship to Student: _____

Request for Collaboration of Public and Private Instructional Personnel

Section 2 – Available Collaboration Times

1. Available Times for Observation

Monday: Time:_____ Class(es):_____
Location:_____ Teacher:_____

Tuesday: Time:_____ Class(es):_____
Location:_____ Teacher:_____

Wednesday: Time:_____ Class(es):_____
Location:_____ Teacher:_____

Thursday: Time:_____ Class(es):_____
Location:_____ Teacher:_____

Friday: Time:_____ Class(es):_____
Location:_____ Teacher:_____

2. Available Times for Direct Provision of Services (non-instructional time only)

Monday: Time:_____ Class(es):_____
Location:_____ Teacher:_____

Tuesday: Time:_____ Class(es):_____
Location:_____ Teacher:_____

Wednesday: Time:_____ Class(es):_____
Location:_____ Teacher:_____

Thursday: Time:_____ Class(es):_____
Location:_____ Teacher:_____

Friday: Time:_____ Class(es):_____
Location:_____ Teacher:_____

3. Available Times for Consultation (*Requires confirmation at least 24 hours in advance*)

Monday: Time:_____ Class(es):_____
Location:_____ Teacher:_____

Tuesday: Time:_____ Class(es):_____
Location:_____ Teacher:_____

Wednesday: Time:_____ Class(es):_____
Location:_____ Teacher:_____

Thursday: Time:_____ Class(es):_____
Location:_____ Teacher:_____

Friday: Time:_____ Class(es):_____
Location:_____ Teacher:_____

Request for Collaboration of Public and Private Instructional Personnel

Section 3 – Private Instructional Plan to Provide Services

1. Provider and Provider Employer

Name: _____

Address: _____

Phone: _____ Email: _____

Profession: _____ License No.: _____

Licensing Agency: _____ Expiration: _____

Employer: _____

Address: _____

Phone: _____ Email: _____

2. Required Documentation

All private instructional personnel seeking to provide professional services at a facility of the School Board of Alachua County, Florida, shall provide proof of the following:

- a. Worker's Compensation Coverage (\$1,000,000)
- b. General Liability Insurance (\$1,000,000 with School Board of Alachua County, Florida, named as additional insured).
- c. Professional Liability/Errors and Omissions Insurance (\$1,000,000)
- d. Driver's License
- e. Professional License/Certification

In addition, the applicant shall comply with District staff in the collection and submission of the professional's fingerprints for completion of a background check pursuant to section 1012.32 or 1012.321, Florida Statutes.

3. Access to School

By signing below, I agree that my provision of services is subject to the approval of the principal and teacher(s) as to time and place. I also agree to wear my District-issued identification badge and to sign in and out at the school/center office upon arrival and departure. (initial) _____

4. Indemnification Agreement

By signing below, I understand and agree that I am providing services as an independent contractor and shall be solely responsible for determining what those services will be. I will not be subject to the direct supervision or control of Alachua County Public Schools, its employees, or agents with respect to the provision of services. I am not an employee of the School Board of Alachua County, nor may I represent myself as one.

In addition, I shall defend, fully indemnify, and hold harmless Alachua County Public Schools of Alachua County, Florida, and its employees for any expense, cost, loss, damage, claim, judgment, or claims bill incurred or rendered against same, including attorney's fees and investigation expenses on account of any intentional or negligent acts or omissions by me or one of my employees, agents, or servants arising out of the use of any facility or the provision of any service pursuant to this agreement. (initial) _____

5. Confidentiality

By signing below, I agree to comply with 20 USC 1232g (FERPA); 34 CFR §§99.31 and 99.33; section 1002.22, Florida Statutes; State Board of Education Rule 6A-1.0955; and any other law, rule, or regulation regarding the confidentiality of student information and records. (initial) _____

Signature: _____ Date: _____

Print Name: _____