



TURNING POINTE AUTISM FOUNDATION

Visitor Request Form

Student Name: _____

DOB: _____

Please complete and return this form:

Name: _____

Email: _____

Address: _____

Phone: _____

Relationship to Student:

Parent/Guardian

District Representative

Other: _____ Qualifications/Licensure: _____

Purpose for the visit:

Student Observation

Student Evaluation

Program Observation for Potential Placement

Other: _____

Specific goal(s) of this visit:

Acknowledgement *(To be completed by the person making the access request.)* I understand that Turning Pointe Autism Foundation will allow me reasonable access to the school, school facilities, or educational programs or individual(s) I have requested as related to the purpose of my visit. I agree to hold harmless and indemnify the Turning Pointe Autism Foundation, its directors, officers, employees and agents against any and all claims and actions arising out of the Visitor(s) presence within the Foundation's facilities, classrooms and buildings, including, without limitation, expenses, judgments, claims, causes of action, fines, settlements and other amounts actually and reasonably incurred in connection with any liability, suit, action, loss, or damage arising or resulting from such visit(s). I have been reviewed with a copy of Visitors Policy and agree to comply with its terms and conditions. I further understand that during my visit, I must honor all students' confidentiality rights and agree to refrain from any re-disclosure of any information regarding other students that is obtained during my visit.

Signature

Date

Parent/Guardian Verification *(Must be completed whenever an independent educational evaluator or other qualified professional on behalf of the parent/guardian requests access.)*

I, _____, am the parent/guardian of the above-named student, and I confirm that I have requested an evaluation of my child by the individual named herein, for the stated purpose(s). If requested above, I consent to my child being observed and interviewed by the named evaluator as part of this evaluation understanding that the Turning Pointe Autism Foundation has not conducted a background check on the evaluator. I have no reason to believe the evaluator poses a safety risk to my child or others. I further understand and agree that it is my responsibility to notify the Turning Pointe Autism Foundation in writing if I end my working relationship with the named evaluator prior to the completion of the tasks outlined herein and that the Turning Pointe Autism Foundation otherwise will work with the evaluator to provide



TURNING POINTE

AUTISM FOUNDATION

reasonable access to the school, school building, school facility, personnel or my child at mutually agreed upon times and in a manner that is least disruptive to the school setting or any child's academic program.

Signature

Date