



PHILLIPS School~Fairfax
11230 Waples Mill Road, Suite 100
Fairfax, VA 22030
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Parent Participation Agreement

PHILLIPS School~Fairfax’s purpose is to provide programs designed to educate and provide services that meet the developmental, academic and social/emotional needs of children and adolescent. To fulfill this responsibility, PHILLIPS School~Fairfax must be in close communication and maintain cooperation with/from the parent(s)/guardian(s). It is to this end that we set forth our responsibilities to the parent(s)/guardians(s), and ask that the parent(s)/guardian(s) acknowledge and agree to the responsibilities outlined below.

STAFF will:

1. Keep parent(s)/guardian(s) informed of their student’s progress and changes in behavior, as well as programs being implemented.
2. Remain accessible to parent(s)/guardian(s) for discussion of any issues.
3. Consult with parent(s)/guardian(s) concerning goals and objectives for their student, and include the parent(s)/guardian(s) in the development of their student’s Individual Education Program (IEP).
4. Provide written quarterly progress reports to parent(s)/guardian(s).
5. Arrange meetings to avoid extreme inconveniences to parent(s)/guardian(s) whenever possible.
6. Provide the education program and related services as specified in the IEP.
7. Notify parent(s)/guardian(s) of serious incidents either by phone or e-mail.

PARENT(S)/GUARDIAN(S) will:

1. Relay all information such as change in medication (regardless of whether it is administered at school), change in address/phone number, crisis in the home, and other information that may affect my/our student’s performance. If phone numbers change/are disconnected, I/we will notify the school immediately and provide the school with a number where I/we can be reached in case of an emergency. It is absolutely necessary that the school has a telephone number where emergency information can be given to the parent(s)/guardian(s).
2. Complete and return all requested written information promptly.
3. Meet at least once a year with school staff to review your student’s IEP and progress reports.
4. Be available by telephone to conference with school staff as needed.
5. Agree to notify the school if my/our student has a communicable illness or condition of any, and agree to obtain a medical release allowing my/our student return to school.
6. Insure that my/our student attends school regularly and inform the teacher or counselor in advance of any planned absences.
7. I/we will sign and return my/our student’s agenda on a daily basis.
8. If my student has any new physical or psychological testing completed during the school year, I/we will request that a copy of the report be sent to PHILLIPS School~Fairfax.

By signing below, I acknowledge that I’ve read and understand the Parent Participation Agreement and agree to fulfill these responsibilities throughout the school year.

Student’s Name: _____ School Year: 2019-2020

Parent/Guardian: _____ Date: _____

Parent/Guardian: _____ Date: _____