Communities In Schools of \_\_\_\_\_\_\_\_\_\_\_\_\_ County

Parent/Guardian Consent Verification

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Verifier Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position at CIS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **School Name** | **Date of Verification** | **% Signed Parent/Guardian Consent Forms on File** |
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See following page for Action Plan for schools without 100% signed consent forms.

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| **Action Plan for Schools without 100% Parent/Guardian Consent** |
| **School** | **Remediation Activities** |
|  | Action: |  | Date to be Completed: |  |
| Responsible Party: |  | Follow-up Verification Date: |  |
|  | Action: |  | Date to be Completed: |  |
| Responsible Party: |  | Follow-up Verification Date: |  |
|  | Action: |  | Date to be Completed: |  |
| Responsible Party: |  | Follow-up Verification Date: |  |
|  | Action: |  | Date to be Completed: |  |
| Responsible Party: |  | Follow-up Verification Date: |  |

I certify that the parent/guardian consent form verification process accurately reflects my review and has been completed to the best of my ability.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date