

SPECIAL EDUCATION PARENT MENTOR AGREEMENT

I agree to serve as a special education parent mentor to parents of other River Forest School District 90 students with disabilities on an as-needed basis. I acknowledge that in doing so I am acting on a strictly voluntary basis and am not serving as, nor will I represent to other parents that I am, an employee or agent of River Forest School District 90. I agree to strictly maintain the confidentiality of any school record information about a student that I may come into contact with in serving as a special education parent mentor. I agree that the following information may be included in a directory of River Forest School District 90 special education parent mentors:

1. My name: _____
2. My mailing address: _____
3. My e-mail address: _____
4. My cellular phone number: _____
5. My home phone number: _____
6. Information I am most interested in sharing with others:

- Specific Disability Information (please specify):

- Early Childhood Special Education

- Transition to Middle School

- Transition to High School

- Recreational Activities – WSSRA

- Respite / Community Support Services

- Community Resources (physicians, dentists, therapists, etc.)

- Day School Programs / services

Signature of Special Education Parent Mentor: _____ **Date:** _____