



RURAL CHAMPAIGN COUNTY SPECIAL EDUCATION COOPERATIVE
807 N. Mattis Ave, Champaign, IL 61821
217-892-8877 FAX: 217-893-8627

Date: _____

As a part of the Rural Champaign County Special Education Cooperative's policy to meet the individual needs of students, school social workers are available in each school.

Your child, _____, may receive school social work services with your written permission.

Please sign below and return it to:

If you have any questions, please feel free to call me at _____.

Sincerely,

School Social Worker

_____ has my permission to receive the services of the school social
social worker. This permission is valid for the school year _____.

Parent/Guardian Signature

Date