Hello,

Thank you for your interest in our Alternative Dispute Resolution program at SFUSD. We share a common purpose to resolve this matter positively and in a way which fully addresses your concerns, as well as supports the rights of your child in receiving Special Education services.

You are invited to participate in a two-hour Collaborative Conference to attempt to resolve your dispute. In partnership with The Bar Association of San Francisco, neutral Facilitators who are trained and knowledgeable in special education will facilitate the meeting. Participation is voluntary and does not jeopardize any rights you have and may choose to exercise later through other processes. You may opt out of continuing with a Collaborative Conference (CC) at any time.

CCs offer a space that is often more comfortable, faster and more productive than other complaint filing forums. We aim to resolve disputes within 15 - 30 days. The conferences restore voices to parents who feel unheard by the school site, Special Education Services or other complaint procedures. During the 2016 - 2017 school year 15 CCs resulted in Agreements made between families and SFUSD. For this reason, I am hopeful this process will be helpful and will build trust among participants.

The CC is free! I do my best to schedule around your preferred dates and times, as well as all participants. Evening sessions 4:00 - 6:00 can also be arranged. If the Collaborative Conference does not produce an Agreement between you and SFUSD, you may choose to address your dispute/complaint through other available processes.

If you would like to request a CC, simply sign and return the attached forms to me via email, text or mail. Page 4 is optional. Please complete this form if you would like a Family Resource Specialist from Support for Families to provide support to you before, during and after the conference.

Thank you for considering ADR. I am committed to work with you to address your concerns in the best way possible.

If you have any questions, please contact me!

Sincerely,

Rick Jo Scott, ADR Program Administrator
415-420-9198
scottr@sfusd.edu
San Francisco Unified School District and The Bar Association of San Francisco

Consent Agreement for Participation in a Collaborative Conference

Parent/Legal Guardian’s Name/Holder of Educational Rights’ Name(s):

_______________________________________________________________________________

_______________________________________________________________________________

Student’s Name: _______________________________________________________________

Indicate relationship to student: ☐ parent ☐ legal guardian ☐ Holder of Educational Rights

Your signature below provides your written consent to participate in a Collaborative Conference, which is a

dispute resolution method available to SFUSD parents and educational rights holders to help resolve

complaints. The Bar Association of San Francisco (BASF) is providing neutral facilitators for the Collaborative

Conferences. This service is a different way to address your concerns and participation is yours to elect or

reject. Please note that participation does not delay the process, nor jeopardize any rights you may choose to

exercise later. Also, you may opt out of the Collaborative Conference at any time, including during the

conference itself.

The Facilitator for the conference, whose charge is to help repair understandings between the school
district and parents, with respect to services required for a child in special education, is certified in
facilitation by The Bar Association of San Francisco’s Bay Area Mediation Services Program and has
received substantive training in the processes which govern the provision of special education services.

You may contact the SFUSD ADR Program Administrator, Ricki Jo Scott, at 415-420-9198 or scottr@sfusd.edu

if you wish to cancel your consent. The cancellation will go into effect immediately upon receipt.

☐ I/we consent to participate in a Collaborative Conference.

Signature(s) of Parent/Legal Guardian’s Name/Holder of Educational Rights Date

_______________________________________________________________________________

Please contact the SFUSD ADR Administrator for any questions at 415-420-9198 or scottr@sfusd.edu.

Please return this form at your earliest convenience to the ADR Program Administrator at scottr@sfusd.edu

or via mail to 3045 Santiago Street, San Francisco, CA 94116.
San Francisco Unified School District and The Bar Association of San Francisco
Scheduling Preferences for Participation in a Collaborative Conference

Below, please complete your scheduling preferences for date and time, as well as your preference for the location most convenient for you. Please note that childcare is available select dates and times at Support for Families, Interpretation services are also available at any location.

Parent/Legal Guardian’s Name/Holder of Educational Rights’ Name(s):
_______________________________________________________________________________

Indicate relationship to student: ☐ parent ☐ legal guardian ☐ Holder of Educational Rights

Student’s Name: ________________________________________________________________

Location Preferences

Please circle your first, second and third choices for location of the Collaborative Conference:

• Support for Families of Children with Disabilities, 1663 Mission Street 1st 2nd 3rd
• The Bar Association of San Francisco, 301 Battery Street 1st 2nd 3rd
• Leola M. Havard Early Education School, 1520 Oakdale Avenue 1st 2nd 3rd

Date and Time Preferences

Please write at least five dates and times you are available to attend a Collaborative Conference. The more days and times you provide, the easier and faster. I will do my best to accommodate your first choice. Evening sessions between 4:00 - 6:00 may also be arranged upon request.

Date Time Any comments/notes here:

_________________________ ___________________________ __________________________

_________________________ ___________________________ __________________________

_________________________ ___________________________ __________________________

_________________________ ___________________________ __________________________

_________________________ ___________________________ __________________________

Need childcare? Please check:  ○ Yes  ○ No

Childcare is provided on specific dates and times at Support for Families. Their schedule changes weekly, I will share with you available dates and times to see what works for your schedule.

Need an Interpreter? Please check:  ○ Yes  ○ No
Please Refer to Support for Families

Parent Name: Address: 1663 Mission St. 700, SF, CA 94103
Phone: (415) 920-5040 Email: referral@supportforfamilies.org Fax: (415) 282-1226

Person making referral:
Parent Name:
Referring Agency (Did someone refer you here? School site, Support for Families, Ricki Jo, family friend?)

Address:
Phone: Email: Referral Date:

Child/Family information:
Child Name: UCI # Gender: M F
Child DOB: Child Ethnicity:
Parent/Guardian Name: Language Spoken at Home:
Address: Parent/Guardian Ethnicity:
City: Zip: Relationship to Child:
Phone: Email:

__X__ Support for Families of Children with Disabilities

I give permission to Support for Families and the agencies or individuals initialed above to share pertinent information regarding my child

___Medical ___Psychological ___Developmental ___Social Other ______________

____ The shared information will only be used to coordinate and plan resources and referrals for my child and confidentiality will be maintained.
____ I may rescind my permission at any time by writing a note to the agencies/individuals. Expires______________
____ A photocopy of this form is as valid as the original and I request a copy

☐ I agree to have a staff member of Support for Families contact me.

Parent/Guardian Signature ________________________________ Date: __________

Parent /Guardian Printed Name _______________________________________________________________________

6/23/17
Authorization for Release of Confidential Information

San Francisco Unified School District

Student’s Name: _______________________________ Date of Birth: _____/_____/______

Name: Parent/Legal Guardian/Educational Rights Holder

_____________________________________________________________________________

School/Dept: ___________________________________________________________________

Address: ______________________________________________________________________

SFUSD Contact Person: ___________________________________________________________

Title: _______________________________ Telephone: _______________________________

I authorize the exchange of information checked below between the San Francisco Unified School District and The Bar Association of San Francisco’s Mediation Services Program for the limited purpose of resolving my dispute in a facilitated Collaborative Conference. The Facilitator for the Collaborative Conference, whose charge is to help repair understandings between the school district and parents with respect to services required for a child, is certified in facilitation by The Bar Association of San Francisco’s Mediation Services Program and has received substantive training in the processes which govern the provision of Special Education services.

This authorization applies to the exchange of the following confidential information:
Check what applies:

___ Educational Data/IEP  ___ Audiological
___ Social/Developmental  ___ Medical
___ Psychological  Other
___ Vision
___ Speech/Language

Expiration: This authorization expires (date or event): _________________________________

Restrictions: Providers who receive this information may not release it to anyone else unless another authorization form is signed.

Your Rights: You may refuse to sign this form. You may cancel it at any time by informing the San Francisco Unified School District in writing. If you cancel your permission to allow the release of information about you/your child, it will go into effect immediately (unless the information has already been released). You have a right to receive a photocopy of this Authorization.

Signature ______________________________________________________________________

Date ___________________________________________________________________________

Indicate relationship to student: ___ parent  ___ legal guardian  ___ holder of educational rights