

**2023 – 2024 PARENT CONFIRMATION
RECEIPT OF HANDBOOK, HEALTH CHECKLIST, LIST OF RIGHTS,
AND PARENT CODE OF CONDUCT**

Trumbull County Board of Developmental Disabilities – Fairhaven School
420 Lincoln Way, Niles, OH 44446

Phone: 330-652-5811 Fax – School Office: 330-652-5864

PLEASE READ, SIGN, AND RETURN

Ohio Department of Medicaid Fact Sheet

My signature below acknowledges that I have received the Ohio Department of Medicaid Health Check Fact Sheet enclosed in this packet.

Parent/Guardian Signature: _____ Date: _____

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Rights Information – Ohio Revised Code

My signature acknowledges that I have received the List of Rights for Persons with Developmental Disabilities as contained in the Ohio Revised Code Section 5123.62 and enclosed in this handbook packet.

Parent/Guardian Signature: _____ Date: _____

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Parent Handbook

My signature indicates that I have received and read the enclosed handbook information packet. I understand that I, along with the individual who attends Fairhaven Programs, have an obligation to abide by the terms explained here, in order to develop a safe environment at the Fairhaven Programs.

Parent/Guardian Signature: _____ Date: _____

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Fairhaven School Parent Engagement Agreement

As a parent of a TCBDD Fairhaven Schools student, (*student's name*): _____,
I understand that:

Our children learn from our example, and we as parents need to exemplify the highest level of respect and dignity towards teachers, staff, parents, and other students. Administration and staff acknowledge the critical importance of parent involvement in their child's education. Administration is responsible for responding to the parent/guardian of a student as soon as practicably possible.

Therefore, I agree to the following Parent/Guardian Engagement Agreement (*please refer to the full version located in the Parent Handbook*):

- I will never use abusive behavior towards anyone involved with TCBDD Fairhaven Schools.
- I will encourage respectful behavior by demonstrating positive support for students and staff members of the TCBDD Fairhaven Schools.
- I will not create a public display of disrespect toward staff or students in any TCBDD Fairhaven Schools or via e-mail, letter, social media and/or phone calls.
- I will respect and adhere to all rules and Parent Code of Conduct of TCBDD Fairhaven Schools.
- I will express any concern through proper channels in a respectful manner.
- I understand that any parent who cannot abide by these rules or violates them will be subject to disciplinary action as in the Parent Handbook.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

This signed Engagement Agreement must be submitted to the office of the TCBDD Fairhaven Schools. Noncompliance may result in a bus hold for your child or other actions determined appropriate by the administrative staff.