CARE Team Meeting Request Form

Collaborate Align Respond Engage

Please scan and email completed form to cathryns@racker.org
or fax to (607)-257-2510
Attn: Cathryn Sellers

Person requesting the meeting: _____ Date of request: _____

Your Role (circle one) *school staff* *community provider* *parent/guardian*

Email:_____ Phone:_____

Name of child:_____ Age:_____ School _____

Name of Parent/Caretaker _____

Email: _____ Phone: _____

Name of Parent/Caretaker _____

Email: _____ Phone: _____

Please briefly describe the reason for requesting a CARE Team meeting:

IMPORTANT! Referral must include Page II that includes
Parent/guardian consent for referral and release of confidential information.

Please share the names of people you would like to include in the CARE Team meeting (pending approval of the family).

Name	Role	Email	Phone

Parent consent for referral and release of confidential Information for CARE Team meeting

My child's name _____ Date of Birth _____

I _____ am in support of this referral for a CARE Team meeting. I understand that I will guide who will attend the meeting and where and when the meeting will occur. I give my permission for the CARE team facilitator to communicate with the referral source, the individuals mentioned on the referral form and any others that I choose to be invited to the meeting. Communication will be limited to the information necessary to set up and facilitate the CARE Team meeting. (No social history, assessments, clinical or educational information will be shared prior to the CARE team meeting.) I understand that this completed form will either be scanned and emailed or faxed to the CARE team coordinator upon completion.

_____

Signature of Parent/Guardian *Date*