



Pursuant to FERPA and the Tennessee Public Records Act, the district has established policies and procedures that appropriately protect students against the disclosure of confidential information and ensure students are educated in a safe educational environment by licensed professionals. The district must be assured that private practitioners administering services on behalf of a parent or legal guardian meet comparable standards of licensure, background checks, insurance, and confidentiality.

No person other than the parent/legal guardian, MNPS employee, MNPS contractors, screen/approved volunteers, or other persons authorized by law (Child Protective Services), shall have access to students during school hours within school buildings without first complying with the procedure herein. (Persons authorized by law may have a statutory right to access or court-ordered access).

Guidelines for Administering Professional Services to Students

Professional health and education services administered to MNPS students, including observations, must fall under one of the appropriate categorizations:

- Services administered by MNPS employees, including special accommodations as defined within Individual Education Plans (IEP) and guidelines associated with a Free Appropriate Public Education (FAPE).
- Services covered under MNPS contracted services and legal agreements.
- Services provided by an organization that has received prior authorization through the Student Access Procedure (see attached).
- Services obtained through private practitioners or non employees being in contact with children in school buildings who have obtained appropriate clearance as strictly defined herein, including but not limited to the following:
 - Psychologist
 - Speech Language Pathologist
 - Nurses
 - Music Therapist
 - Physical Therapist
 - Mental Health Therapist

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December 2005

Revision History
September 2004

Review
Annually

- Case Management Services
- Social Workers
- Behavior Specialist
- Occupational Therapist
- Private Tutors

Required Authorizations for Private Practitioners

Private practitioners, who have been requested to administer education or health services, or conduct observations relevant to those purposes, at the written consent of a parent or legal guardian, must adhere to the following requirements before working with students:

- A criminal background check of convictions and misdemeanors or felony related to violence or children in the State of Tennessee, and proof of appropriate clearance is required.
- Proof of certification regarding appropriate insurance, indemnification, and liability is required.
- A picture ID of the practitioner must be on file and available for verification by Administrative Support Services.
- A signed consent from the parent or legal guardian must be on file at Administrative Services, outlining authorized professional services.
- The practitioner must sign enclosed documentation related to student confidentiality, indemnification, and insurance.
- A state approved licensure, license number, or other professional credential deemed appropriate by MNPS must be on file with Administrative Services Division.

Special Circumstance

If special circumstances dictate, the school administrator may clear emergency practitioner services, but must also obtain all documentation as outlined herein at an immediate date following the incident.

References and Authority

DSOP 3108
DSOP 0520
DSOP 0510
T.C.A. §49-7-120

STUDENT ACCESS PROCEDURE

Insurance

Individual practitioners and organizations must provide a current, satisfactory certificate of insurance indicating coverage for commercial general liability, including sexual abuse/molestation, and automobile liability with limits not less than one million dollars (\$1,000,000.00) for each occurrence. The Metropolitan Board of Education of Nashville and Davidson County shall be included as an additional insured. In addition, organizations shall maintain worker's compensation insurance of at least the statutory limits as required by the State of Tennessee or other applicable laws and employer's liability insurance with limits of not less than one hundred thousand dollars (\$100,000.00).

Criminal Background Check

Individuals must provide satisfactory proof of a criminal background check which verifies that they have not been convicted of a misdemeanor or felony related to violence or children within the State of Tennessee, at least once each school year.

Organizations must provide a statement, signed by the director of the organization, and notarized, certifying that a criminal background check of each employee, requesting access to students, has been conducted and has yielded no evidence that such employee has been convicted of a felony or misdemeanor related to violence or children, at least once per school year.

A list of sources for background checks is available.

Proof of Licensure

Individuals and organizations, on behalf of employees, must provide a current, appropriate licensure identification number issued by the State of Tennessee if they are practicing any of the following professions (practice of the healing arts) of:

- Nursing
- Psychology
- Social Work Physical Therapist
- Occupational Therapist
- Speech Language Pathologist
- Professional Counselor

For those practitioners who are not required by Tennessee law to be licensed, other information regarding professional qualifications may be requested prior to the approval of this request.

Assurances

Each individual, including employees of organizations, requesting access to a student, must sign a MBPE statement of "Assurances."

Parental Consent

Consent must be granted by the parent/legal guardian to allow access to each student for each individual practitioner. The consent form is available from MNPS or by accessing the Form Library on the MNPS website.

Statement of Assurances

Initial	1. I understand and agreed to comply with the Family Educational Rights and Privacy Act (FERPA), the Tennessee Public Records Act and Board policy regarding the disclosure of personally identifiable information on any MBPE student. I understand and agree that I will not disclose such information to anyone but the student’s parent/legal guardian or MBPE staff, in accordance with these laws and policy.
Initial	2. I agree to share a copy of all data, observation notes, and/or reports with the building principal prior to leaving the building.
Initial	3. I have been informed of and agree to access the student only at the time and place designated by the school principal. I agree to comply with the school visitor policy.
Initial	4. I will provide to the school principal a plan of care/therapy intended for the student.
Initial	5. I agree to indemnify and hold harmless The Metropolitan Government of Nashville and Davidson County from: <ul style="list-style-type: none"> • Any claim, damages, cost and attorney fees for injuries or damages arising, in part or in whole from the organization’s use of the facility described above; and • Any claim, damages, penalties, cost and attorney fees arising from any failure of the organization, its officers, employees and/or agents, to observe applicable laws.
Initial	6. I will provide personal identification with my picture (i.e. Tennessee Driver’s License) and an approved Student Access Procedure Form to the building principal.

Signature _____

Date _____

Print Student Name _____

A copy of this completed form will be provided to the Parent, Principal and Practitioner.

CONSENT TO ACCESS

A copy of this completed form will be provided to the parent, principal, and practitioner.

Student Full Name:	
School of Attendance:	
Location of Service:	
Date of Birth:	Student ID Number:

My permission is granted to: _____
(Private Practitioner)

Name of Organization (if applicable):

Address of Organization:

_____ Street City State Zip

Phone _____ Fax _____ Email _____

Access is granted for the purpose of:

- | | |
|----------------------------|--------------------------------|
| Observation _____ | Psychological Evaluation _____ |
| Nursing Service _____ | Social Work _____ |
| Physical Therapy _____ | Case Management Provider _____ |
| Occupational Therapy _____ | Mental Health Therapist _____ |
| Counseling _____ | Other: _____ |

at a time and place determined by the school principal to prevent the unnecessary disruption of the educational environment. I hereby absolve, release, and discharge Metropolitan Nashville Davidson County Public Schools from any liability which might accrue as a result of this access to my student. I have read the Student Access Procedure and this Consent. I understand this information and agree to comply with this Procedure. Further, I consent to the disclosure of information gained pursuant to the Procedure by the Practitioner to MNPS.

Signature of Parent/Legal Guardian

Date

Print Name: _____

Address: _____

**Private Practitioners
SBO 1.102**

Access Approved For: Time(s): Date(s): Location:	For Office Use Only (ALL must be checked) Proof of Insurance _____ Criminal Background Check _____ Proof of Licensure _____ Assurance Statement _____ Consent to Access _____
Signature of Principal _____ Date _____	