



PHILLIPS School~Fairfax
11230 Waples Mill Road, Suite 100
Fairfax, VA 22030
Phone (703) 591-1146
Fax (703) 591-1148

SERVICE PROVIDERS

Please list all professionals working with your student (ex: psychologist, psychiatrist, probation officer, social worker, guardian ad-litem, education advocate, lawyer, CASA, etc.) Please indicate if the person has your permission to meet with your student during school hours. In the event that a service professional would like to meet with your student during school hours, and is not listed on this form, a PHILLIPS School~Fairfax staff member will call you. If you know in advance that your student's service provider will be meeting with your student at school, please notify your student's teacher or the Education Program Supervisor prior to the meeting.

NAME	AGENCY	PHONE	MEETING PRIVILEGES	
_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO

I, _____ the parent/guardian of _____ will notify the school of any changes in service providers as soon as possible.

Parent/Guardian: _____ Date: _____

School year 2019-2020: This form is valid for as long as the student is enrolled at PHILLIPS School ~ Fairfax.