

**Cheltenham School District C.L.A.S.P.
Civil Rights Compliance 2019-2020 School Year**

Child's Name: _____ **Child's School:** _____

In accordance with applicable federal and state civil rights laws and regulatory requirements, you and you children, as a client of this program who is qualified to receive services, have the right:

- To be provided services and to be referred for services at other facilities without regard to your race, color, religious creed, ancestry, national origin, age or sex.
- To file a complaint of discrimination if you feel you have been discriminated against on the basis of your race, color, religious creed, ancestry, national origin, age or sex. Complaints of discrimination may be filed with any of the following:
- Cheltenham School District Office of C.L.A.S.P. 2000 Ashbourne Road Elkins Park, PA 19027
- Department of Public Welfare Bureau of Equal Opportunity Room 223, Health & Welfare Building PO Box 2675 Harrisburg, PA 17105
- US Dept. of Health & Human Services Office for Civil Rights Suite 372, Public Ledger Bldg South 150 South Independence Mall West Philadelphia, PA 19106-9111
- PA Human Relations Commission Philadelphia Regional Office 110 North 8th Street, Suite 501 Philadelphia, PA 19107
- Commonwealth of Pennsylvania DPW Southeastern Regional Office 801 Market Street, Suite 5034 Philadelphia, PA 19107

Parent/Guardian Signature Date

C.L.A.S.P. Staff Signature Date

Getting to Know You

As we get to know you and your child, we invite you to take a few minutes to talk to your child's C.L.A.S.P. staff about your child and his/her experience in our program. Often this conversation is especially good to have after your child has been in our program for 3-4 weeks. We welcome your input and your questions at all times. Here are a few possible questions and suggestions for discussion:

- What are your expectations of our program?
- Is there any information about your child's culture, ethnicity, language or religion that is important for us to know?
- Would you like to be a resource for cultural awareness activities?
- What are your child's favorite toys games and activities at CLASP? At home?
- Is your child feeling positive about C.L.A.S.P.? Does he/she have friends in the program?
- Does the staff seem to know your child's likes, dislikes, strengths and needs?
- How can we make your child's experience at C.L.A.S.P. better?
- Is there anything else you would like us to know about your child or your family?

I understand that I can request a meeting at any time with the CLASP staff at my child's school and that the Site Director and Program Administrator are available to discuss any comments or concerns I have about the program.

Parent/Guardian Signature Date

C.L.A.S.P. Staff Signature Date

Parent(s) Guardian(s)/Site Director Conference

Parents/Guardians are welcome to schedule a conference with the Site Director to discuss your child's progress, behavior issues, social and physical needs.

Parent/Guardian Signature Date

C.L.A.S.P. Staff Signature Date