

**2021 – 2022 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 Code of Conduct Form

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.

Therefore, I agree to the following Parent/Guardian Code of Conduct (*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 Code of Conduct 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.*