

**LOS ANGELES UNIFIED SCHOOL DISTRICT**  
Division of Special Education

BUL-2087.1  
November 18, 2013

ATTACHMENT B-1

(School Letterhead)

**Parental Consent for MOVE Participation**

\_\_\_\_\_  
**Name of Student**

\_\_\_\_\_  
**Date of Birth**

Your child has been identified as a candidate for the Mobility Opportunities Via Education (MOVE) Program. MOVE is a program designed to teach students basic, functional motor skills needed for relative independence within the school, home, and community environments. It combines natural body mechanics with an instructional process designed to help students acquire increasing amounts of motor abilities necessary for sitting, standing, and walking. The participation criteria are:

- Your signed consent for your son or daughter to engage in sitting, standing, and/or walking instruction;
- Annual written authorization from your child's physician granting MOVE participation.

Positioning supports are used in MOVE instruction and are solely for the safety of the student and not for the purpose of behavior management. These aids are part of the program and will be used for positioning purposes only. The use of these aids is for a limited time daily and with an adult supervising the child.

Please indicate your interest in your child's participation in the MOVE Program.

\_\_\_\_\_ **I would like my child to participate in the MOVE Program.**

\_\_\_\_\_ **I do not want my child to participate in the MOVE Program.**

\_\_\_\_\_ **I need more information about MOVE before making my decision.**

Please complete and return form to: \_\_\_\_\_.

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent Name (Printed)**