Student: _____ Meeting Date: _____

Documented Efforts to Contact Parents

- ☐ Meeting scheduled with parents at a mutually agreed upon time and place.
- ☐ Notification of IEP sent to parents 10 or more days prior to meeting to ensure that parents had an opportunity to attend.
- ☐ Written notice sent to parent Date _____
- ☐ Follow-up contacts Dates _____
- ☐ Parent unable to attend IEP meeting.
- ☐ Copy of IEP and procedural safeguards to be sent home and explained to parent by _____

Parent Certification And Signatures

These approvals are made voluntarily and I understand that they may be withdrawn at any time upon written request.

	I was a member of and participated in the IEP team meeting
	I have approved the total IEP.
	I disapprove those sections I have initialed, which are on page(s) _____ I understand that the sections I have approved will be implemented while negotiations continue.
	I do not approve of this IEP for the following reasons:
	A copy of the procedural safeguards was provided and explained to me. A copy of this IEP was given to me at no cost on _____ (date) I also received information about the Community Advisory Committee.
	For an initial evaluation or triennial evaluation, I received copies of all assessment reports.
	IEP was interpreted by _____ *(interpreter's signature)*
	Written translation of IEP requested: Language: _____

_____ _____
Signature Date

_____ _____
Signature Date

_____ _____
Student Date

Please be advised that this school district maintains confidential records on your child which may not be limited to Individualized Education Plans and reports.

This confidential file is located at the _____ site. You have the right to inspect and review these records.