Avoyelles Parish Special Services

IEP DUE PROCESS CHECKLIST

Student Name:       Phone #:       School:

Mailing Address:

Type of IEP: [ ]  Initial [ ]  Interim

 [ ]  Review [ ]  ReEval

**ATTEMPTS TO SECURE PARENT PARTICIPATION AT IEP MEETING**

|  |  |  |
| --- | --- | --- |
|  | Method | Parent Response |
| **First Attempt** | [ ]  PNL Letter[ ]  PNL & Phone Call | [ ]  Will Attend[ ] Will Not Attend[ ] Requested New Date      [ ] Other |
| Date:       |
| **Second Attempt** | [ ] Reg U.S. Mail[ ] Phone Call[ ] Workplace Visit[ ] Other | [ ]  Will Attend[ ] Will Not Attend[ ] Requested New Date      [ ] Other |
| Date:        |
| **Third Attempt** | [ ] Certified Letter(return receipt requested) | [ ]  Will Attend[ ] Will Not Attend[ ] Requested New Date      [ ] Other |
| Date:       |

**OUTCOME OF IEP MEETING**

Date meeting held:

[ ] Parent agrees to IEP

[ ] Parent does not agree to IEP Explain: