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: