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| **DOCUMENTED EFFORTS TO CONTACT PARENTS** |
| [ ]   | Meeting at Parent’s Request | Invitation Sent: |       |
| **Follow-up contacts:** |  |  |
|       |  |       |  |       |
| Date |  | Staff |  | Results |
|       |  |       |  |       |
| Date |  | Staff |  | Results |
|       |  |       |  |       |
| Date |  | Staff |  | Results |
| [ ]  | Parent unable to attend and requests a copy of IEP including Special Education Procedural Safeguards / |
|  | Parent Rights. |
|  | Person assigned to discuss with parents and obtain consent if parent(s) could not attend IEP meeting: |
|  |  |
|  |  |

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| **attendees/participants in development/review of this individualized education program** |
|  |       |  |  |       |
| LEA Representative | Date |  | Speech-Language Pathologist | Date |
|  |       |  |  |       |
| Special Education Teacher | Date |  | Psychologist | Date |
|  |       |  |  |       |
| General Education Teacher | Date |  | Parent/Guardian/Surrogate | Date |
|  |       |  |  |       |
| Nurse | Date |  | Other/Title | Date |
|  |       |  |  |       |
| Other/Title | Date |  | Other/Title | Date |
|  |       |  |  |       |
| Other/Title | Date |  | Other/Title | Date |
|  |       |  |  |       |
| Other/Title | Date |  | Other/Title | Date |
|  |       |  |  |       |
| Other/Title | Date |  | Other/Title | Date |

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| **informed consent (initial each applicable statement below)** |

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| --- | --- |
|  | I have been advised of and given a copy of Special Education Procedural Safeguards/Parent Rights |
|  | this school year. |
|  |  |
|  | I have received a copy of this Individualized Education Program. |
|  |  |
|  | I ***CONSENT*** to making these changes without an IEP team meeting. |
|  |  |
|  | (**IF APPLICABLE**) I ***CONSENT*** to the participation of agencies for transition planning at this IEP meeting. |
|  |  |
|  | **(IF APPLICABLE)** It has been explained to me and I understand the reason why a member of the |
|  | Individualized Education Program (IEP) team is not present. |
|  |  |
|  | **(IF APPLICABLE)** I ***CONSENT*** and excuse the team member referred to above from the IEP |
|  | team meeting. |
|  |  |
|  | **(IF APPLICABLE)** Prior to the IEP meeting, I received written information from an excused |
|  | member of the IEP team that is relevant to the development of the IEP. |
|  |  |
|  | **(IF APPLICABLE)** I ***CONSENT*** to the review, access, processing of claims, and reimbursement of |
|  | Medi-Cal benefits/information by the school district and/or IEP team for services provided under this I­­EP, including, if appropriate, the provision of Targeted Case Management Services. |
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|  | **( IF APPLICABLE)** I have been advised of the district’s responsibility to conduct a vision and hearing |
|  | screening of my child but ***DO NOT CONSENT*** to this examination. |
|  |  |
|  | I ***CONSENT*** to this Individualized Education Program ***EXCEPT*** for the following: |
|  |       |
|  |       |
|  |  |
|  | I ***DO NOT CONSENT*** to this Individualized Education Program. ***REASONS:*** |
|  |       |
|  |       |
|  |  |
|  | I request a copy of this Individualized Education Program to be provided in my primary language. |
|  |       |
|  |  |
|  | The Individualized Education Program has been interpreted orally by: *(when appropriate)* |
|  |       |
|  |       |
|  |  |
|  | The ***Transfer of Educational Rights at the Age of Majority (18)*** has been explained |
|  | to the student and parent. |  |  |  |  |
|  | Parent Initials: |  | Student Initials: |  |

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| --- | --- | --- | --- |
|  | The school district facilitates parent involvement to improve services and results for my child. [ ]  YES [ ]  NO | ***DISTRICT USE ONLY*:** Initial here if no response was provided by the parent/guardian: |  |
|  |  |  |  |  |

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| **i consent to all components of the iep with any exceptions noted above. i understand that those components to which i consent will be implemented.****i further understand that ths consent is voluntary and may be revoked at any time.** |

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| --- | --- | --- | --- | --- | --- | --- |
| [ ]  Parent/Guardian/Surrogate provided ***VERBAL CONSENT*** to implement this IEP. | Date: |       | Student: |  | Date: |       |
| Parent/Guardian/Surrogate: |  | Date: |       | Parent/Guardian/Surrogate: |  | Date: |       |
|  |  |  |  |  |  |  |  |

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