

IBERVILLE PARISH SCHOOL BOARD PROCEDURAL SAFEGUARD CHECKLIST

Student:	Social Security #	
School:	D.O. B.:	IEP date:
Special Ed. Teacher:	Eval. Date:	Except:

Telephone Contacts:

Person contacted	Phone #	Date	Response
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

In person oral communication

Person Contacted	By Whom	Date
1. _____	_____	_____
2. _____	_____	_____

Full and Effective Notice(s)

Person Contacted	By Whom	Date
1. _____	_____	_____
2. _____	_____	_____

Reason for Full and Effective Notice being sent less than 10 days in advance

CONFERENCE RESULTS:

1. Parent/Guardian signs written IEP accepting placement at the Least Restrictive Environment.
Location: _____ Date: _____
2. Parent/Guardian attends IEP conference, but does not sign.
Reason: _____
3. Parent does not attend first scheduled IEP conference. Reason: _____
4. Parent does not attend second scheduled IEP conference. Reason: _____
5. Telephone conference held with Parent/Guardian regarding IEP. Date: _____
6. Home visit regarding IEP. Date: _____ Implementer: _____

REFUSAL OF SERVICES:

1. Reason for refusal _____ Date: _____
 2. Parent/Guardian requests a Due Process Hearing. Conciliation conference held. Results: _____
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CLOSURE PROCEDURES:

All required IEP documents sent to Special Education Office. Date: _____

