

NOTICE OF MEETING ACKNOWLEDGMENT

(Student's Name)

(D.O.B.)

(Date Sent)

ACKNOWLEDGMENT

(Please initial any and all that apply)

- _____ 1. A copy of the Parent Rights in Special Education (Procedural Safeguards) has been provided to me or has been provided to me upon my request, and at least once each year.

- _____ 2. I plan to attend the meeting as scheduled on: _____(Date).

- _____ 3. I am unable to attend the meeting as scheduled and I would like to schedule the meeting at another date, time or place. I am available to attend a meeting on the following dates , times and place: _____

- _____ 4. The Cooperative is required to take steps to ensure that one or both of the Parents/Legal Education Decision Maker of an exceptional child are present at each IEP meeting or are afforded the opportunity to participate. These steps shall include scheduling each meeting at a mutually agreed-upon time and place and by providing written notice to the Parents/Legal Education Decision Maker of any meeting at least 10 days in advance of the meeting.

Since we have mutually agreed upon a date which does not allow for the necessary 10 days notice time frame in advance of the meeting, we ask that the Parent/Legal Education Decision Maker sign a Waiver of the 10-day notice requirement. **I consent to waive my right to a 10-day prior written notice of the meeting to develop, review or revise the IEP for my child.**

Your signature below indicates your agreement with the items one through four above that you have initialed.

_____ Date: _____
(Parent/Legal Education Decision Maker)

_____ Date: _____
(Parent/Legal Education Decision Maker)

If you have any questions regarding this notice, you may contact the following school representative. **Please sign and date this form and return it to:**

_____ at _____ or _____
(School Contact Person) (Address) (Phone)