

DOCUMENTATION OF PARENT RECEIPT OF IEP WITHOUT COST

Student: _____ **DOB:** _____

Parent(s): _____ **Date of IEP Meeting:** _____

Please Initial:

_____ I have been given a copy of the IEP dated _____ for my child without cost to me.

_____ Due to circumstances listed below*, I did not leave the meeting with a copy of the IEP dated _____ for my child at no cost to me. However, I understand that it will:

be mailed to me at no cost by: _____
Date

at my request, be available for me to pick up at no cost by _____, at _____.
Date Location

*Describe circumstances:

Parent

Date

Parent

Date

District Person Responsible

Date