

IEP Meeting Checklist

Student Name: _____

Please check items distributed to parent(s)/guardian:

- Copy of IEP
- A Guide to Parent Rights in Special Education (Special Education Procedural Safeguards Notice)
- Notification that the District continues to participate in Medicaid to Schools Program as stated on page 1 in other Information section of the IEP. (If PR-10 Medical Acknowledgement letter not signed, have parent sign at meeting.)
- Prior Written Notice (PR-01) to continue provision of FAPE (special education services)

By signing below, I acknowledge that I have received the above checked items.

Parent/Guardian Signature(s) _____