

Name of Student:

Date:

### IEP Participants

*Signature indicates attendance*

Name/Title	Agree	Disagree	Date	Date	Name/Title	Agree	Disagree	Date	Date

Participants must check agree/disagree boxes for **L.D. eligibility only**. Any participant who disagrees with the team’s decision **must submit a separate statement** to include in the student’s record presenting his/her conclusions.

Yes  No Explanation of Procedural Safeguards was provided to the parents with the notice of the conference.  
Date Mailed: \_\_\_\_\_

Yes  No Parents given copy of Conference Summary.

Yes  No Parents given copy of the district’s behavioral intervention policies.

Yes  NA Parents given copy of the district’s behavioral intervention procedures (initial IEP only).

Yes  No I agree to waive the requirement of a ten (10) calendar day interval before implementation of this IEP.

\_\_\_\_\_

*Parent Signature*

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**Parent/Guardian Contacts Made:** *(To be completed if parent/guardian is not present)*

<b>Date:</b>	<b>Type:</b>
<b>Date:</b>	<b>Type:</b>
<b>Date:</b>	<b>Type:</b>
<b>Date:</b>	<b>Type:</b>
<b>Date:</b>	<b>Type:</b>