

**Richland Parish Special Education Department  
Due Process Checklist**

**STUDENT NAME:** \_\_\_\_\_ **SCHOOL:** \_\_\_\_\_

**CONTACT 1: Official Notification** (State Mandated Form – 4 pages)

**Date Sent:** \_\_\_\_\_ (Send 10 days prior to meeting)

**Response:** \_\_\_\_\_ Parent DID NOT return form signed  
\_\_\_\_\_ Parent Returned: Will attend Will not attend Rescheduled / Needs to Reschedule

**CONTACT 2 or 3: Phone / Person - Person** (circle method of contact)

**Person Contacted (circle):** Mom Dad Guardian

**Date(s) Contacted:** \_\_\_\_\_

**Response:**

- \_\_\_\_\_ Will attend at assigned time
- \_\_\_\_\_ Will not attend: Requests to Conduct Meeting w/o Parent through Conference Call
- \_\_\_\_\_ Will not attend, but rescheduled: Rescheduled - \_\_\_\_\_ / \_\_\_\_\_ (date/ time)

**Attempts to make Contact by phone which were unsuccessful (circle):**

Date: \_\_\_\_\_ Phone Disconnected No Answer Message on Answering Machine / With person at home/work Did not know parent  
Date: \_\_\_\_\_ Phone Disconnected No Answer Message on Answering Machine / With person at home/work Did not know parent  
Date: \_\_\_\_\_ Phone Disconnected No Answer Message on Answering Machine / With person at home/work Did not know parent  
Date: \_\_\_\_\_ Phone Disconnected No Answer Message on Answering Machine / With person at home/work Did not know parent

**CONTACT 2 or 3: Written Reminder** (Richland Parish 1 page Reminder Letter)

**Date(s) Sent:** \_\_\_\_\_

**CONTACT 4 or 4+ - Certified Letter** (To be sent for Initial IEP meetings when unable to reach parent through any other means):

**Date(s) Sent:** \_\_\_\_\_ [attach copy of receipt(s)]

**Response:** \_\_\_\_\_

Parent ATTENDED IEP meeting and signed in agreement: **DATE:** \_\_\_\_\_

**OR**

Parent DID NOT ATTEND IEP meeting:

1) Meeting was conducted without the parent AND 2) A copy of the IEP drafted by the IEP team, the Louisiana's Educational Rights of Children with Exceptionalities in Public Schools handbook, the Extended School Year Fact Sheet, and the Medicaid Statement from the SDE were sent to the parent with request of parent to sign in agreement and return IEP OR to contact the school to set up a meeting – **DATE:** \_\_\_\_\_

**TEACHER SIGNATURE:** \_\_\_\_\_