

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

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: _____

*** **REMINDER:** A MINIMUM OF 3 CONTACTS (at least 2 written & 1 by phone or in person) MUST BE MADE **PRIOR** TO EACH IEP CONFERENCE.
RETAIN ORIGINAL COPY IN IEP FOLDER