

Legal Name of Student \_\_\_\_\_ State Student ID (SASID) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date \_\_\_\_\_

I have provided the special education procedural safeguards in my native language or other mode of communication.  Yes  No

Parent/Guardian/ESP Signature **IDEA 300.504(a)** \_\_\_\_\_ Date \_\_\_\_\_

**SECTION 5: IEP PARTICIPANTS**

**THE FOLLOWING PARTICIPANTS ATTENDED THE IEP MEETING:**

Student **IDEA 300.321(a)(7) and 300.321(b)(1)** \_\_\_\_\_ Student's Parent/Guardian/ESP **IDEA 300.321(a)(1)** \_\_\_\_\_

Special Education Director or Designee **IDEA 300.321(a)(4)(i)-(iii); ECEA 4.03(5)(a)** \_\_\_\_\_ Special Education Teacher **IDEA 300.321(a)(2)** \_\_\_\_\_

**THE FOLLOWING PERSONS WERE ALSO IN ATTENDANCE AT THE MEETING**

NAME \_\_\_\_\_ TITLE \_\_\_\_\_ AREA/AGENCY REPRESENTED \_\_\_\_\_

NAME	TITLE	AREA/AGENCY REPRESENTED