

FLORIDA DEPARTMENT OF EDUCATION

Office of Independent Education and Parental Choice



PUBLIC SCHOOL DISTRICT PARENTAL NOTIFICATIONS



Notification Verification Form

District: _____

Number of Students with an Individual Education Plan (IEP) in District: _____

Number of Students with a 504 Accommodation Plan in District: _____

SECTION I - April 1 Notification Requirement

1. How did you notify parents by April 1 of this year? Please check all methods that were used.

- | | |
|--|--|
| <input type="checkbox"/> Letter/Postcard in Mail | <input type="checkbox"/> Newsletter/Flyer Sent Home with Students |
| <input type="checkbox"/> Telephone Call | <input type="checkbox"/> Electronic Message or Website (may only be used in conjunction with another method) |
| <input type="checkbox"/> Other (please specify): _____ | |

2. How many parents did you notify? _____

3. What date(s) were the notifications distributed? _____

SECTION II - IEP/504 Plan Notification Requirement

1. How do you notify parents after an IEP or 504 Accommodation Plan Meeting?

- | | |
|--|--|
| <input type="checkbox"/> Letter/Postcard in Mail | <input type="checkbox"/> Newsletter/Flyer Sent Home with Students |
| <input type="checkbox"/> Telephone Call | <input type="checkbox"/> Electronic Message or Website (may only be used in conjunction with another method) |
| <input type="checkbox"/> Brochure/Letter Provided to Parent During the IEP/504 Meeting | |
| <input type="checkbox"/> Other (please specify): _____ | |

SECTION III - Contact Information and Signature

Please provide the name of the person who will be assisting parents with the John M. McKay Scholarships for Students with Disabilities Program option. Contact information for this person will be listed on the School Choice website for parents.

_____	_____	_____
Scholarship Contact Name	Email Address	Phone
_____	_____	_____
Signature	Title	Date

By my signature below, I verify that our district has complied with the parental notification requirements of Section 1002.39(5)(a), Florida Statutes.

District ESE Director's Signature

Date

By Monday April 8, 2013, please sign and fax this form to the Office of Independent Education and Parental Choice to the attention of Rachel Somers at **(850) 245-9134**.