

BRUSH COUNTRY CO-OP

RECEIPT FOR NOTICE OF PROCEDURAL SAFEGUARDS

As required by Individuals with Disabilities Education Act (IDEA) 34 Code of Federal Regulations – Part 300

Name of Student _____ **INDEPENDENT SCHOOL DISTRICT**
D.O.B. _____

Note: Each time the *Notice of Procedural Safeguards* is distributed, receipt must be documented.

This is to verify that I have received a copy of the *Notice of Procedural Safeguards* which informs me of my rights throughout the child/student-centered educational process.

I understand that school personnel will make an entry on the distribution log each time I am given/sent a copy of the *Notice of Procedural Safeguards*.

Complete this section for initial distribution only.

(Name)

(Signature of Parent/Guardian/Surrogate Parent/Adult Student)

(Position)

(Date signed)

on _____
(Date issued)

(Signature of Interpreter [if used])

(Name of Student's current campus)

(Date signed)

DISTRIBUTION LOG

The <i>Notice of Procedural Safeguards</i> were provided to the parents upon the following:				Recipient	Date Sent/Given
Initial Referral for Evaluation	Notice of the Admission, Review, and Dismissal (ARD)	Reevaluation	Receipt of Request for Due Process Hearing		

BRUSH COUNTRY CO-OP

Name of Student _____

D.O.B. _____

DISTRIBUTION LOG

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