MEETING LOG

Date_____ Student's Name _____

DOB _____ Age_____ Grade _____ School _____

Parent/Guardian _____

Address _____

Home Phone _____ Work Phone _____

Verified Condition _____

SPED and related services currently provided:_____

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Reason for meeting: _____

I. Comments

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II. Recommendations

III. Signatures of Participants

Name **Position**

(Chairperson)

(Parent/Guardian)

Parents/Guardians of children with disabilities have rights under the procedural safeguards of the Individuals with Disabilities Education Act (IDEA). If you would like a copy of your procedural safeguards or if you have any questions regarding this notice or your rights, please contact:

Contact Person_____

Phone _____

Additional Information: You may contact any of the following resources to help you understand the Federal and State laws for educating children with disabilities and parental rights granted by those laws. An explanation of your rights will be provided at no cost by any of the following:

Nebraska Dept. of Education - Lincoln	402/471-2471
Hotline for Disability Services	800/742-7594
Nebraska Parent Training Center	800/284-8520
Nebraska Advocacy	800/422-6091
Educational Service Unit #1	402/287-2061