

FLORIDA DEPARTMENT OF EDUCATION

Office of Independent Education and Parental Choice



PUBLIC SCHOOL DISTRICT PARENTAL NOTIFICATIONS



Notification Verification Form

District: _____

Number of ESE Students in District: _____

SECTION I - April 1st Notification Requirement

1. How did you notify parents by April 1st 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 Web site (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 Notification Requirement

1. How do you notify parents after an Individual Education 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 Web site (may only be used in conjunction with another method) |
| <input type="checkbox"/> Brochure/Letter Provided to Parent During the IEP 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 Web site for parents.

_____	_____	_____
Scholarship Contact Name	E-mail 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 Friday, April 10, 2009, please sign and fax this form to the Office of Independent Education and Parental Choice to the attention of Tera Teders at **(850) 245-9134**.