

OP-9 Attempts to Obtain Parent Participation (Optional Form)

District Name _____

Child's Name: _____

Student ID: _____

Grade: _____

Date of Meeting: _____

Determination of Suspected Disability

Initial IEP

Annual Review of IEP

Evaluation/Reevaluation

Other: _____

Meeting proposed for: Date: _____ Time: _____ Location: _____

Documentation of Attempts to Contact Parents

Forms of Contact	Date(s)	Outcome
Correspondence		
Telephone Calls		
Home Visits		
Outreach Activities		
Other		