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## DOCUMENTATION OF ATTEMPTS TO OBTAIN PARENT PARTICIPATION

Name of Child:		DOB:	School Year:	
Purpose of Meeting:				
Determination of Suspected Disability		Evaluation/Reevaluation		
Initial IEP		Other		
Annual Review of IEP				
Meeting Proposed for:	Date:	Time:		
	Location:			

## **Documentation of Attempts to Contact Parents**

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