

Request to Audio Record IEP Proceeding

Student Information:

Name: _____ Grade: _____

School: _____

Address: _____

Parent/Guardian Name: _____

Parent Cell number: _____

I, _____, parent/guardian of student

_____, am requesting to audio record my child's IEP

proceeding scheduled on _____ at _____ which is at least

48 hours after this request.

I have the following disability or special circumstance that impedes my understanding of the IEP or the IEP process, or prevents the implementation of my parental rights under IDEA:

I understand that if my request is granted, I am to use my own recording device and tape to audio tape the IEP proceeding. I agree to use the tape recording of the IEP proceeding only to aid my understanding of the IEP and the IEP process or to implement my parental rights under IDEA.

If my request is granted, I will limit any rebroadcast of the tape recording of the IEP proceeding to the student listed above, the student's parents/guardians, our special education advocates, or district officials. The recording will not be used for any commercial purpose.

I understand that if my request is granted and I audio tape the IEP proceeding, then the District reserves the right to audio record the IEP proceeding and maintain the recording as an educational record for my child.

Parent Signature _____ Date: _____

For Special Education Coordinator Use Only

Form received by: _____ Date: _____

Form approved by: _____ Date: _____

Copy to Parent: _____ Date: _____