



REQUEST FOR SPECIAL EDUCATION RESOURCE PARENT

South County SELPA

Phone: (619) 470-5224 Fax: (619)-470-5266

Person Making Request [ ] Title: [ ] Date: [ ]

Location: [ ] District: [ ] Phone/Ext: [ ]

REASON FOR REQUEST

- To Attend IEP Meeting
To assist parent in reference to:
Understanding Individualized Education Program (IEP) process
Accepting student's disability
Understanding parent/student's rights
Encouraging parent participation at school
Utilizing community services

To provide a bilingual Special Education Resource Parent for above services:

Other: [ ]

Has the parent been notified of this request: Yes No

Please contact the person listed above prior to contacting family.

Comments: [ ]

Name of Parent: [ ] Address: [ ] City: [ ]

Name of Student: [ ] Home Phone: [ ] Work Phone: [ ]

Primary Language of Student: [ ] Birth Date: [ ] School: [ ]

Student's Primary Disability: [ ] Student's Program type: RSP SDC NPS Inclusion DIS Student being evaluated for Special Education

The above approved by District Administrator: [ ]

Feedback to Districts: [ ]

Date Received by Resource Parent: [ ] Resource Parent: [ ] RP Signature: [ ]