

**Mississippi Department of Human Services/Division of Youth Services  
Initial Parent Contact Form**

**Student's Name:** \_\_\_\_\_

**Guardian's Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Alternate Telephone Number:** \_\_\_\_\_

**Written Prior Notice (WPN) mailed on:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Parent contacted via telephone prior to scheduled IEP meeting on**  
\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **at** \_\_\_\_\_ : \_\_\_\_\_ **a.m. / p.m.**

**Outcome of parental contact:**

\_\_\_\_\_ **Parent will attend the meeting at the scheduled time.**

\_\_\_\_\_ **Parent will not be able to attend the meeting in person, but would like to participate via teleconference. Please contact parent at \_\_\_\_\_ at the scheduled meeting time.**

\_\_\_\_\_ **Parent does not wish to participate in the meeting. Please conduct the meeting without the parent present, but contact the parent following the IEP meeting.**

\_\_\_\_\_ **Parent would like to reschedule the meeting for another date and time:**

\_\_\_\_\_

\_\_\_\_\_ **Unable to reach parent via telephone.**

**Employee's Name:** \_\_\_\_\_