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: _____