Mssissippi Department of Human Services/Division of Youth Services
Notice of Continued Special Education Services

This form is used to notify parents that special education services will be continued for students with a current IEP. The form is sent to the parent within 72 hours of admission (3 business days) to a MDHS/DYS facility. A copy is maintained in the student's special education file.

MDHS/DYS Facility: _____
Date: _____ **Date of Admission:** _____
To parent/guardian(s) of: _____
Date of Birth: _____

It has been confirmed that your son/daughter received special education services in the
(Name of School District/Agency): _____
Attached is a copy of the information provided to this facility regarding these special education services.
(Telephone Verification Form or Page One of Current IEP)

_____ The IEP developed by the previous school district/agency will be reviewed and revised.

_____ An IEP team meeting is scheduled for _____ to review your child's IEP. The Notice of IEP meeting is attached. The current IEP will be implemented pending this IEP meeting.

_____ The following services will not be continued pending an IEP meeting (list with justification for non-continuation of services).

If you have any questions or need additional information please
contact_____, Case Manager.
Telephone: _____

Thank you for your cooperation. We are looking forward to working with you to provide your son/daughter an appropriate educational opportunity.

_____
Name Title

Attachments:

- Procedural Safeguards
- Telephone Verification Form or Page One of the Student's Current IEP
- Notice of IEP Meeting