  **RECORD OF CONSULTATION**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

In SD 10 (Arrow Lakes), we are proud that parents/guardians work with staff and take part in IEP meetings to consult in meaningful ways. From time to time, this may prove difficult for the family. If this is the case, proceed to Part B. If that is not possible, in those rare circumstances, proceed to Part C.

1. **RECORD OF CONSULTATION . . .** Attendance at an IEP Meeting **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| IEP Team Member: | Name: (***Please Print***) | Signature: |
| **Case Manager:** |  |  |
| **Parent/Guardian(s):** |  |  |
| **Principal:** |  |  |
| **Teacher(s):** |  |  |
| **Student:** |  |  |
|  **Others:** |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**OR B. RECORD OF CONSULTATION . .** . (When attendance at a regular IEP Meeting is **not** possible)

|  |  |  |  |
| --- | --- | --- | --- |
| Date: | Time: | Contact With Whom: | \*Method: Telephone Call, Email, IEP Sent Home, Other |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**OR C. RECORD OF ATTEMPTS TO CONSULT . . .** (A minimum of three attempts to consult need to be documented.)

|  |  |  |  |
| --- | --- | --- | --- |
| Date: | Time: | Attempted Contact With Whom: | \*Method of Consultation: |
| **1.** |  |  |  |
| **2.** |  |  |  |
| **3.** |  |  |  |
| **4.** |  |  |  |
| **5.** |  |  |  |

 Possible methods of consultation . . . (email, telephone call, IEP sent home, etc.)