

**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:** \_\_\_\_\_