

**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: _____