RANKIN COUNTY SCHOOL DISTRICT

| Student's Name: | School: |
|--|--|
| Receipt | of Procedural Safeguards |
| I have received a copy of the Procedural Safeg Disabilities Education Act (IDEA). The Proce | uards regarding the rights of my child under the Individuals with dural Safeguards have been explained to me. |
| • | me and I understand my parental rights. Sly been given to me and do not wish to receive another copy. To me and I declined receipt. I understand my parental rights. |
| Parent/Guardian | |
| | |
| Date | |
| 1. http://www.rcsd.ms/Page/ 2. http://www.mde.k12.ms.u | reguards can be electronically accessed via: 40090 s/special-education/special-education-for-parents |
| | etice of 7-day Waiver s/comprehensive re-evaluation meetings only.) |
| v 11 c | lations, parents have the right to receive a copy of the evaluation gibility determination meeting unless the parent chooses to waive |
| • • | e a copy of my child's evaluation report seven days in the assessment results prior to eligibility determination. |
| ☐ I understand that I have 7 days to review period so that the meeting may take place | the assessment report, but I would like to waive the 7-day waiting |
| | the assessment report as described above. I would like the full 7 days |
| Parent/Guardian | |
| Witness | |
| Date | |