

**Meeting Participants**

Student Name

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_ Date of Meeting: \_\_\_\_\_

Purpose of Meeting1: \_\_\_\_\_

The signatures below represent individuals who were in attendance at the meeting. Pre-printed names alone represent individuals who participated in the meeting via individual or conference telephone call, video conferencing or other similar method.

Section 1002.20, Florida Statutes, states that parents may be accompanied by another adult of their choice at a meeting with school district personnel. School district personnel may not object to the attendance of such adult or discourage or attempt to discourage, through an action, statement, comment, or other means, the parents of students with disabilities from inviting someone of their choice. Prohibited actions include attempted or actual coercion or harassment, retaliation, or threats of consequence. The statute requires parents of students with disabilities and school district personnel to sign a document at the end of the meeting stating whether anyone from the district prohibited, discouraged, or attempted to discourage you from inviting a person of your choice.

**Parent or Guardian:** When signing below, please check the appropriate box in response to the following question:

**Did any school personnel prohibit, discourage or attempt to discourage you from inviting a person of your choice to today's meeting?**

**No Yes**

\_\_\_\_\_  
Parent or Guardian             \_\_\_\_\_  
Signature      Date

\_\_\_\_\_  
Parent or Guardian             \_\_\_\_\_  
Signature      Date

\_\_\_\_\_  
Student             \_\_\_\_\_  
Signature      Date

**School District Personnel in Attendance:** When signing below, please check the appropriate box in response to the question:

**Did any school personnel prohibit, discourage or attempt to discourage the parents from inviting a person of their choice to today's meeting?**

**No Yes**

\_\_\_\_\_  
LEA Representative             \_\_\_\_\_  
Signature      Date

\_\_\_\_\_  
Spec. Education Teacher/Service Provider             \_\_\_\_\_  
Signature      Date

\_\_\_\_\_  
General Education Teacher             \_\_\_\_\_  
Signature      Date

\_\_\_\_\_  
Interpreter of Instructional Implications of Evaluation             \_\_\_\_\_  
Signature      Date

**Yes No**

A copy of the IEP was provided to the parent (or adult student) at the conclusion of the meeting:

A copy of the IEP is being provided to the parent in the following manner:

**Note:**  
Section 1002.39, Florida Statutes, The John M. McKay Scholarships for Students with Disabilities Program, provides parents the option of keeping their child in the assigned school or requesting a McKay Scholarship to: (1) enroll their child in another public school within the same district; (2) enroll their child in another public school in an adjacent district; or (3) enroll their child in a participating private school. Information on the McKay Scholarship Program is available on the Florida Department of Education website at [www.floridaschoolchoice.org](http://www.floridaschoolchoice.org) or on the Department's telephone hotline at 1-800-447-1636.