

PARTICIPANT SIGN-OFF LOG

Student:

Date of Birth:

School:

Grade:

Team Member	Title	Date
	Building 504 Coordinator	
	Principal	
	Counselor	
	Parent/Guardian	
	Parent/Guardian	
	Student	
	Teacher	
	Teacher	
	Teacher	
	Teacher	
	Teacher	
	Teacher	
	Teacher	
	Teacher	

If you have any questions, please contact me within the next ten (10) days. A copy of the Procedural Safeguards and Grievance Procedure are attached.

Signature:

Telephone Number: