

GREGG COUNTY SPECIAL EDUCATION SHARED SERVICE ARRANGEMENT

PARENT'S GUIDE TO THE ADMISSION, REVIEW, AND DISMISSAL PROCESS

(Revised January 2025)

Name of Student: _____ **Date of Birth:** _____

District: _____ **Campus:** _____ **Grade:** _____

Date Provided: _____

Method: _____ **US Postal Service**
_____ **Delivered in person by** _____
_____ **Sent home with student**
_____ **Other Method:** _____

DOCUMENTS PROVIDED IN: _____ **ENGLISH** _____ **SPANISH** _____ **OTHER**
LANGUAGE/METHOD _____

This is to verify that I have receive a copy of Parent's Guide to the Admission, Review, and Dismissal Process, (revised January 2025) that provides a description of the special education process so that I will be able to fully participate in the decision-making process regarding my child's education.

My signature below indicates that I have receive the document on the date specified.

SIGNATURE OF PARENT, GUARDIAN, SURROGATE PARENT OR ADULT STUDENT

DATE