

GREGG COUNTY SPECIAL EDUCATION SHARED SERVICE ARRANGEMENT

RECEIPT OF NOTICE OF PROCEDURAL SAFEGUARDS

(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 received a copy of *Notice of Procedural Safeguards*, (revised September 2022) that provides a description of my legal rights or procedural safeguards under the Individuals with Disabilities Education Act.

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

SIGNATURE OF PARENT, GUARDIAN, SURROGATE PARENT OR ADULT STUDENT

DATE