



Amanda-Clearcreek Local Schools

Dr. Timothy Edwards, Superintendent
328 East Main Street
Amanda, Ohio 43102

Parent Receipt of Documents

Student Name _____ DOB: _____

Parents/Guardians,

Please sign and date to indicate you have received the following information as applicable to your child:

_____ **Guide to Parents Rights in Special Education.** This guide serves as the procedural safeguards notice and explains your child's right to a "Free and Appropriate Public Education" (FAPE) for a child with a qualifying disability under special education law. The guide is also available online at <https://education.ohio.gov>

_____ **Parent Notification of Scholarship Programs for Students with Disabilities.** Your child may be eligible for a scholarship under the Autism Scholarship Program or the Jon Peterson Special Needs Scholarship Program to attend a special education program that implements the child's IEP and that is operated by an alternative public provider or by a registered private provider.

_____ **Comprehensive Eye Exam Form.** Students are required to undergo a comprehensive eye examination either prior to, or shortly after, implementation of an initial IEP.

_____ **Parental Consent to Share Health Information for the Ohio School Medicaid Program.** Ohio school districts may receive federal Medicaid dollars through the Ohio Medicaid School Program (MSP). Through this program, districts can receive Medicaid dollars for services identified in the IEP, such as Speech, Audiology, Physical Therapy, Occupational Therapy, Nursing, Psychology, Counseling, and Social Work services.

_____ Parent/Guardian Signature _____ Date

_____ District Representative Signature _____ Date

Prior Written Notice:

Preconference PWN provided on _____ (date)

Post-conference PWN provided on _____ (date)

By _____
Intervention Specialist