Special Education

Records Request Form

Notify: Psych, Case Manager, Principal

Request for all records to include: (1) Student Cum, (2) Health Cum, (3) Special Ed Cum

Request limited to: IEE, PT, OT, Psycho-Ed Report, Progress Report, etc.

Parental Consent must be included for all Advocate/Attorney Records Request

Student Name: _____   **DOB:** _____   **School**: _____

Date Received: _____   **Date SPED Notified:** _____

Received via: Email ⬜   Fax   ⬜   Letter ⬜

The parent shall have the right and opportunity to examine all school records of his or her child and to receive copies pursuant to this section and to Section 49065 **within five business days** after the request is made by the parent, either orally or in writing. The public agency shall comply with a request for school records without unnecessary delay before any meeting regarding an individualized education program or any hearing pursuant to Section 300.121, 300.301, 300.304, or 300.507 of Title 34 of the Code of Federal Regulations or resolution session pursuant to Section 300.510 of Title 34 of the Code of Federal Regulations and in no case more than five business days after the request is made orally or in writing. The parent shall have the right to a response from the public agency to reasonable requests for explanations and interpretations of the records. If a school record includes information on more than one pupil, the parents of those pupils have the right to inspect and review only the information relating to their child or to be informed of that specific information. A public agency shall provide a parent, on request of the parent, a list of the types and locations of school records collected, maintained, or used by the agency. A public agency may charge no more than the actual cost of reproducing the records, but if this cost effectively prevents the parent from exercising the right to receive the copy or copies, the copy or copies shall be reproduced at no cost. – See more at: http://codes.lp.findlaw.com/cacode/EDC/2/d4/30/5/s56504

Date Psych review contents: _____

Date File Copied by Site: _____

Date Requestor contacted: _____

Date Requestor received records: _____

Please _email_ this Form + Written Parent Request to: Becca Lane/DO

Date emailed to beccalane@iusd.org: _____

PDF's should be maintained at school sites for all student records.