Bandera Independent School District

Diagnostician/LSSP Initial Contact with Parent of Referred Student

☐ Phone Call ☐ Face to Face ☐ Home Visit

Student Name: _____ Date of Birth _____

Parent Name: _____ Date of Meeting _____

Special Education Representative Name:_____

Check when the following items are completed

- ☐ Discuss and explain Special Education Evaluation timelines and process as out lined on timeline chart.
- ☐ Parent informed that referrals are done in the order they are received.
- ☐ Parent informed of the diagnostician/LSSP's schedules-their responsibilities for more than one campus.
- ☐ Address any other parent concerns.

Meeting Notes:

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Parent Signature: _____ Date: _____

Diagnostician/LSSP Signature: _____Date: _____

Please include this completed document in the student's folder.