

# RECEIPT OF CONFIDENTIAL SPECIAL EDUCATION RECORDS

Please sign below to acknowledge receipt of relevant sections of the student(s) Individualized Education Program (IEP). I will provide you updated special education paperwork and documentation when changes occur. Please contact me immediately with any questions or concerns about the paperwork. I am available anytime you have questions or concerns about the student(s). Thank you.

Return with signature to (Case Manager Name): \_\_\_\_\_

ID#	Name

\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
Date

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