

Child's Name: _____
School: _____
Year: _____

REVIEWING AND CORRECTING MY CHILD'S STUDENT RECORDS

The Individuals with Disabilities Education ACT (IDEA) gives parents the right to read school reports and records and to correct school records by having the school amend it, or by placing a statement prepared by parents into the records. It also gives parents the right to limit access of other people to their child's school records and to make available copies of school records to parents.

Inspecting My Child's Student Records

Written request to look at school records on: _____ day/month/year
Response from school about looking at records: _____ day/month/year
Contacted me by: mail phone e-mail
And stated: _____
Appointment made with school on: _____ day/month/year

Reviewing My Child's Student Records

Name of records reviewed:

Name of records withheld by school: _____ Reason given for withholding records: _____

Request for copy made on: _____ day/month/year
Copies Provided on: _____ day/month/year

Names of school officials handling request: _____ Titles: _____

Correcting My Child's Student Records

Requested correction / deletion of information on: _____ day/month/year
Granted request on: _____ day/month/year
Denied on: _____ day/month/year
Request for hearing at school district level: _____ day/month/year
Hearing date: _____ day/month/year
Name and title of hearing officer: _____
Results of hearing: _____

Ensuring the Accuracy of My Child's Student Records

Name of person contacting you from the Department of Education: _____
Written decision received on: _____ day/month/year
Results of investigation: _____

Child's Name: _____

School: _____

Year: _____