ALBEMARLE COUNTY PUBLIC SCHOOLS
DEPARTMENT OF SPECIAL SERVICES
401 McINTIRE ROAD
CHARLOTTESVILLE, VIRGINIA 22902
(434) 296-5885

PARENT CONTACT

Legal Name: _____ DOB: ____/____/____
School:_____

Efforts to involve the parent/guardian in the Special Education process shall be documented with specific notations for each to include:

1. Detailed records of telephone calls and the outcome of each.
2. Copies of correspondence.
3. Visitations.
4. Summary of all other forms of communication.

Date	Teacher	Initiated by	Form of Communication	Details