Iberville Parish School Board

RECORD OF EXAMINATION OF CONFIDENTIAL FILE

The following persons are to examine this confidential file concerning _____.
(Student's Name)

1. Superintendent
2. Assistant Superintendent
3. Supervisor/Director of Special Education/Child Search Coordinator
4. Pupil Appraisal Personnel
5. Special Education Clerical Staff
6. Principals and Assistant Principals
7. Principal Designee
8. Current Special Education Teacher(s)/Current Regular Education Teacher/School Nurse/Therapist(s)
9. Parent/Guardian
10. Special Education Curriculum Coordinator
11. Authorized State Department of Education Personnel (mandated to sign)
12. IEP Facilitators/Special Education Transition Coordinator
13. Contracted Staff (Medical Doctor, OT, PT,SHLS, etc)
14. Authorized Special Education Personnel

Persons other than those listed above must complete this form and provide permission from the confidential designee prior to reviewing these records.

DATE	NAME	TITLE	REASON FOR EXAMINATION
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