



907.334.1300 PH 877.890.9269 TF 907.562.0545 FAX

Student Information

Student Name *	FIRST NAME	MIDDLE NAME	LAST NAME
School District *			
 District Agreement: Recognizing that the responsibility to provide services to students with special needs lies with the school district, THE DISTRICT AGREES TO: Provide copies of current and signed IEP, ESER, and MEI (Mutual Exchange of Information), and supporting documentation. Provide diagnostic and other information pertinent to the student's educational program. Coordinate school staff to work with the SESA specialist during site visits. Consider recommendations and/or programs developed in conjunction with the SESA specialist. When possible, facilitate parent contact with the SESA specialist. Include the Student Service Reports (SSR)/Service Delivery Summaries (SDS) as part of the student's special education file. 			
SPED DIRECTOR OR AUT	HORIZED COORDINATOR	SIGNATURE:	DATE:
PRINTED NAME AND TITE	.E:		