

Permission to Distribute ARD Documentation Electronically

I, _____, parent of _____, request to have the special education department at Schindewolf Intermediate, provide me electronic copies of the following ARD documents in lieu of paper copies.

- Annual ARD Documents
- Brief ARD Documents
- ARD Amendments
- Six Weeks IEP Updates
- Full and Individual Evaluations
- Psychological Evaluations
- Consents for Testing
- ARD Notices

I understand that this request can be revoked at any time, by calling the Special Education Office at Schindewolf Intermediate at (832)249-5852. This request will be reviewed on an annual basis.

Primary Email Address

Secondary E-Mail address

Parent Signature

Date