

NOTICE OF DESTRUCTION OF INFORMATION

DATE _____

Dear _____:
(Parent or Guardian)

The _____ School District and/or Cornbelt Educational Cooperative have determined that the personally identifiable records, collected, maintained, or used for your child are no longer needed to provide educational services for

_____.
(Student's Name)

The following personally identifiable records checked below will be destroyed on

_____.
(Date)

- | | |
|---|--|
| <input type="checkbox"/> Psychological Evaluations | <input type="checkbox"/> Educational Assessments |
| <input type="checkbox"/> Occupational Therapy Assessments | <input type="checkbox"/> Speech/Hearing/Language Assessments |
| <input type="checkbox"/> Physical Therapy Assessments | <input type="checkbox"/> Hearing Assessments |
| <input type="checkbox"/> Preschool Assessments | <input type="checkbox"/> Individualized Educational Plans |
| <input type="checkbox"/> Medical Information | <input type="checkbox"/> Prior Notices |
| <input type="checkbox"/> Multidisciplinary Team Reports | <input type="checkbox"/> Classroom Observation Reports |
| <input type="checkbox"/> Referral Forms | <input type="checkbox"/> Classroom Teacher Reports |
| <input type="checkbox"/> Behavioral Assessments | <input type="checkbox"/> Other documents: (identify) |
| <input type="checkbox"/> Agency Progress Reports | |

If you would like to receive the records checked for destruction please call the school district administrative office prior to _____,

(Date: 30 days from notice)

at _____ to arrange a convenient time to obtain the records

(Phone Number)

identified in this notice.

If the school district or Cornbelt Educational Cooperative does not receive a response from you prior to the above date the identified records in this notice will be destroyed.

If you have any questions regarding this notice please feel free to call me at

_____.

Sincerely,

cc: Notice copy to destruction file