

**UPPER DARBY SCHOOL DISTRICT
PROTECTED HANDICAPPED STUDENT / CHAPTER 15**

Receipt of Rights Booklet

Name of Student: _____

Date of Birth: : _____ School: _____

This is to verify that I have received a copy of:

PROCEDURAL SAFEGUARDS/CHAPTER 15

which informs me of my rights throughout the child-centered educational process concerning PROTECTED HANDICAPPED STUDENTS.

These rights have been explained to me by:

| | |
|------|----------|
| Name | Position |
|------|----------|

on _____
Date

I understand that my rights include:

- (1.) the right to receive this and all other written notices in the language I understand (primary language) including Braille, or to receive an oral translation or sign language translation, if needed.

- (2.) the right to receive answers from school personnel to any additional questions I may have concerning the development of a Service Agreement or the accommodations to be provided for under Chapter 15 of the Pennsylvania School Code.

My signature below indicates that I received the PROCEDURAL SAFEGUARDS for CHAPTER 15 and understand its contents.

Signature of Parent, Guardian, or Adult Student

Date