

Student Name: \_\_\_\_\_

**WEST MILFORD TOWNSHIP PUBLIC SCHOOLS  
OFFICE OF SPECIAL SERVICES  
Agreement to Receive Required Documents via Electronic Format**

By signing below I acknowledge that the West Milford Township Public Schools has offered to provide me/us with hard copies of the following documents and my student's IEP as required by New Jersey Administrative Code 6A:14, but I would prefer to access them via electronic format. I have been provided with a link to each required document.

**PARENTAL RIGHTS IN SPECIAL EDUCATION (P.R.I.S.E.)** (1x per year & at referral\*)

[Parents Rights in Special Education \[English\]](#)

[Link to Parents Rights in Special Education \[Spanish\]](#)

[Link to Parents Rights in Special Education \[Arabic\]](#)

[Link to Parents Rights in Special Education \[Portuguese\]](#)

[Link to Parents Rights in Special Education \[Korean\]](#)

**NJ 6A:14 NEW JERSEY ADMINISTRATIVE CODE – SPECIAL EDUCATION LINK** (initial & reeval)

[New Jersey Administrative Code- Special Education](#)

**[CHAPTER 6A – SPECIAL EDUCATION DUE PROCESS RIGHTS](#)** (initial & reeval)

[Due Process Rights \(N.J.A.C. 1-6A\)](#)

**DISCIPLINARY REQUIREMENTS LINK** (initial & reeval)

[http://www.spanadvocacy.org/sites/default/files/files/2%20Discipline%20Requirements%20NJDOE%202008brochure\\_0.pdf](http://www.spanadvocacy.org/sites/default/files/files/2%20Discipline%20Requirements%20NJDOE%202008brochure_0.pdf)

**INDIVIDUALIZED EDUCATION PLAN:**

Parent/Guardian Name	Signature Acknowledges Agreement to Receive Electronic Copies. I understand it my responsibility to maintain confidentiality and security on whatever computer I am accessing this information from.	Date

*(The district will provide this form in an electronic format to assist in accessing the links)*

**Parent/Guardian E-Mail Address:**

\_\_\_\_\_

**Notes: This form must be renewed annually**

**\*At referral, Special Services will mail PRISE. Provide second copy at eligibility meeting.**

I/we prefer paper documents and acknowledge receipt of those checked by my/our signature below:

_____	_____	_____	_____
Parent/Guardian Signature	Date	Parent/Guardian Signature	Date

c. Copy to student CST file



# WEST MILFORD PUBLIC SCHOOLS

46 Highlander Drive, West Milford, New Jersey 07480  
Phone: 973-697-1700    [www.wmtps.org](http://www.wmtps.org)    Fax: 973-697-8351

Alex Anemone, Ed.D.  
Superintendent

Barbara Francisco  
Business Administrator/Board Secretary

Daniel Novak  
Director of Education

Elizabeth McQuaid  
Director of Special Services

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September 2017

Dear Parents/Guardians:

The IEP describes the school's specially designed individualized education program as well as related and other support services for students with disabilities. Schools must ensure that a copy of the IEP is provided to the student's parents as well. If the IEP is amended with or without an IEP team meeting, the parent must be provided with a copy of the amended IEP immediately.

The West Milford School District is going "paperless" in January with electronic IEPs via the West Milford parent portal in Realtime with your consent. This initiative will support the district's decision to "Go Green". All IEPs will be confidential and only the student's parent/guardian will have access to view it. If a parent requests a hard copy of the final IEP, they will have the opportunity to receive the student's IEP in this manner.

Please note, an agreement to receive required documents electronically will be reviewed and presented to you at your next IEP meeting. This form will be renewed annually.

Please visit the West Milford Special Services website for additional information. This page is located at <http://www.wmtps.org>/under "District" then "Special Services."

Link to Special Services Home Page: [http://www.wmtps.org/district/special\\_services](http://www.wmtps.org/district/special_services)

If you have any questions please contact us.

Sincerely,

*Dr. Elizabeth McQuaid*  
Director of Special Services  
[Elizabeth.McQuaid@wmtps.org](mailto:Elizabeth.McQuaid@wmtps.org)  
973-697-1700 ext. 5041

*Mr. Roberto Mendez, M.A.*  
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