

Wabasha-Kellogg Public Schools Policy

608-1 SPECIAL EDUCATION RECORDS RETENTION AND DESTRUCTION POLICY

Any regulations regarding educational record retention applying to all students apply to special education students. For purposes of consistency however, and in recognition of the very different nature of the records public school districts generate in the normal course of educating their special education students, the School District makes the following clarifications to its data retention schedule in regards to special education records:

1. The School District will retain the student's name, address, and phone number, standardized and achievement test results, grades, attendance, and grade level completed without time limitation. However, in this circumstance, the term "standardized and achievement tests" means tests provided to both regular and special education students to gauge their overall academic performance and progress. The term "standardized and achievement tests" does not include protocols for tests conducted in connection with special education evaluations.
2. Protocols used in completing special education evaluations will be destroyed three years after administration, interpretation, and summarization, and after parent permission. (*See Attachment 1- Permission to Shred Protocols.*)
3. Pursuant to both Minnesota and federal law, records in the possession of instructional personnel which are in the sole possession of the person who created them and are not accessible or revealed to any other individual except a substitute teacher, and are destroyed at the end of the school year, shall not be deemed to be "educational records". Duplicate copies of permanent file information (e.g. most recent Individualized Education Plan and Evaluation Summary) may be kept in a teacher/specialist working file.
4. With the above exceptions, the School District will retain all special education records until six years after the student has turned 21 years of age. At that time, the contents will be destroyed with the exception of the following, which will be maintained without time limitation:
 - the final Individualized Education Plan with accompanying Prior Written Notice and Parental Consent
 - the final Special Education Evaluation Report.)

General notice of the District's *Special Education Records Retention and Destruction Policy* may be given via any of a variety of methods such as School District website or School District Handbook. Parents and eligible students will be notified about this practice at the time the student is

- (a) dismissed from special education services
- (b) moves
- (c) graduates with a diploma from the School District or
- (d) ages out of school per Minnesota and federal law in effect at the time.

This will constitute notice and no further notice will be given at the end of the six years. Parents and eligible students will be asked to sign an acknowledgment of the School District's policy to destroy the records after six years and that the "Notice" has been given. (*See Attachment 2- Notice of Special Education Records Retention and Destruction Policy.*) A copy of this notice will be retained by the school with the permanent special education records.

Records may not be destroyed if there is an outstanding request to inspect the records by the parent or eligible student. Records must be destroyed at the request of the parents if they are no longer needed for educational purposes.

Wabasha-Kellogg Public School #811 Special Education Program	Permission to Shred Protocols
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Learner's Full Name: _____ Today's Date: _____

School: _____ Grade: _____ Current Evaluation Date: _____

As part of your child's **previous** special education evaluation, you received results of the following standardized tests:

These results were summarized for you in the Evaluation Report dated _____. We ask your permission to shred the actual test protocol(s) and scoring sheet(s) which were used to gather the evaluation data.

Please sign and return this form.

Note to parent(s): If you have any questions, please call me:

Name Position Telephone #

Parent Action	
Parents(s): Check one of the options below, sign, date, and return the original form.	
<input type="checkbox"/> I give permission to the school district to proceed as proposed.	
<input type="checkbox"/> I need further information. Please contact me to explain.	
<input type="checkbox"/> I do not give permission for the school district to proceed as proposed. Place the documents in my child's official special education records.	
_____ Parent's Signature (Student if age 18 or older)	_____ Date

Date received by District: _____

Copies: Due Process File
IEP Manager
Parent
IFSP Service Coordinator, when applicable

**This notice is offered as per the District's Special Education Records Retention and Destruction Policy. "...Protocols used in completing special education evaluations will be destroyed three years after administration, interpretation, and summarization, and after parent permission."*

Student Name _____ Birth Date _____

NOTICE OF SPECIAL EDUCATION RECORDS RETENTION AND DESTRUCTION
POLICY

In accordance with the policy adopted by the Wabasha-Kellogg School District and approved by the Minnesota Records Disposition Panel, notice is hereby being given as the length of time that your special education file will be maintained.

The record will be retained until six years after the student’s 21st birthday in accordance with the District’s retention schedule. At that time, the contents will be destroyed with the exception of the following, which will be maintained without time limitation: a copy of this notice, ***(Possible additional language for individual district consideration, yet not required by law: the final Individualized Education Plan with accompanying Prior Written Notice and Parental Consent, the final Special Education Evaluation Report,)*** student’s name, address, phone number, standardized and achievement test results, grades, attendance, and grade level completed.

By signing this notice, you are acknowledging the retention policy. No further notice will be given.

Student *(when appropriate)*

Parent *(or legally appointed guardian)*

Date

Date

Witness

Date