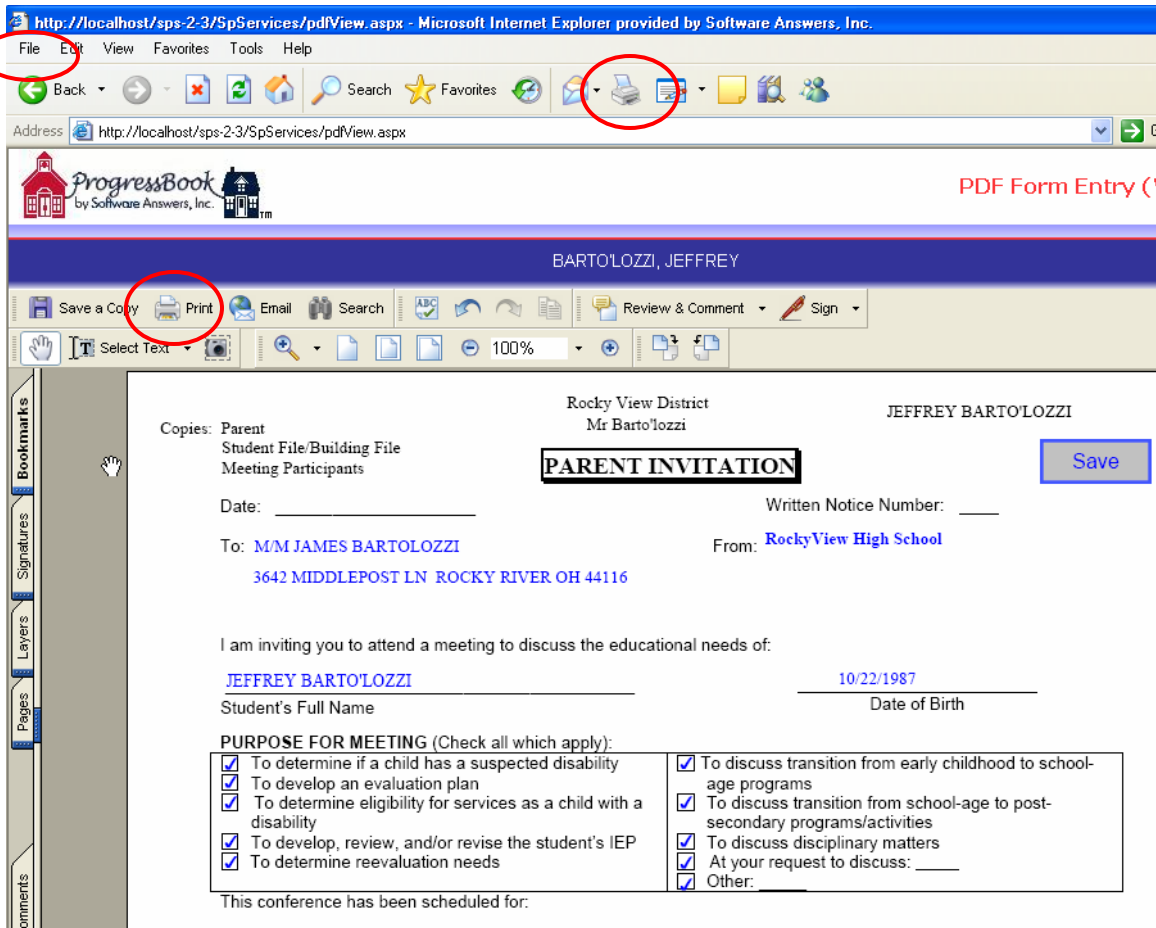


# Printing a Special Services Form

Some users of the Special Services system have indicated problems while trying to print out Special Services Forms. The printing problems are not specifically a bug in the application, rather an internet browser or print driver limitation on the client pc. This document overview will explain the process for printing out a document.

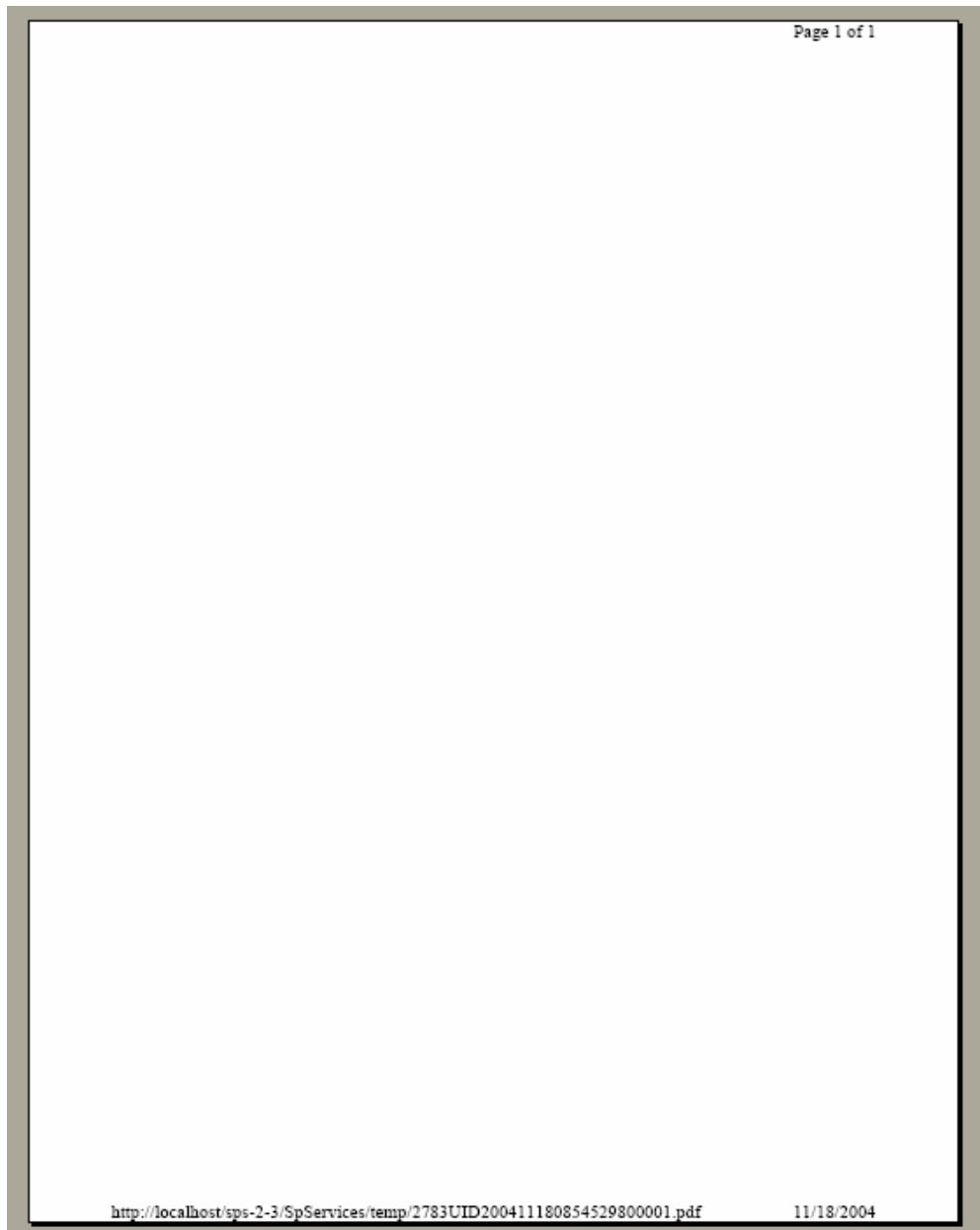
When a Special Services Form displays, the user may notice several areas in which to print. There is the print button located on the browser toolbar, a print option within the browser file menu, and a print button located underneath the ProgressBook logo in the PDF Display (illustrated below).



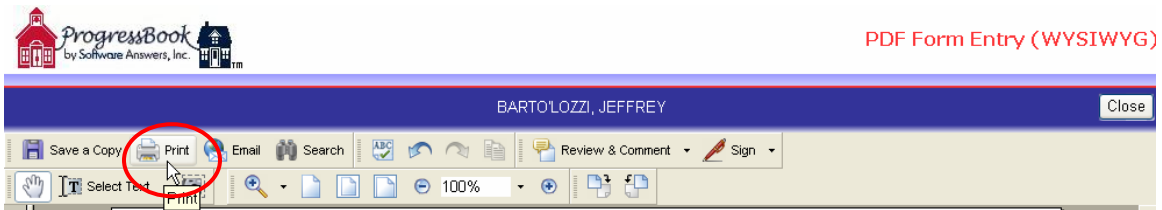
Using the Browser print button is not recommended as the browser will interpret this as a print command for the entire viewable page, this includes the banner, PDF toolbar and anything else visible in the browser window at the time.



As the browser attempts to print, it may not properly interpret the browser page to print due to the Acrobat Reader plug-in being displayed in the browser window. If your browser experiences this problem, the printed result may look like the following:



Printing from the Browser toolbar or from the browser File Menu may cause a blank page or a print error to occur. For this reason we recommend printing Special Services documents via the PDF Toolbar located underneath the ProgressBook logo. The print button on the PDF Toolbar is part of the Acrobat Reader plug-in and is specifically designed to print PDF documents.



Printing the same form as above from the PDF toolbar will yield the following document:

Rocky View District  
Mr Bartolozzi

JEFFREY BARTOLOZZI

Copies: Parent  
Student File/Building File  
Meeting Participants

**PARENT INVITATION**

Date: \_\_\_\_\_ Written Notice Number: \_\_\_\_\_

To: **M/M JAMES BARTOLOZZI** From: **RockyView High School**  
3642 MIDDLEPOST LN ROCKY RIVER OH 44116

I am inviting you to attend a meeting to discuss the educational needs of:  
**JEFFREY BARTOLOZZI** 10/22/1987  
Student's Full Name Date of Birth

**PURPOSE FOR MEETING (Check all which apply):**

<input checked="" type="checkbox"/> To determine if a child has a suspected disability	<input checked="" type="checkbox"/> To discuss transition from early childhood to school-age programs
<input checked="" type="checkbox"/> To develop an evaluation plan	<input checked="" type="checkbox"/> To discuss transition from school-age to post-secondary programs/activities
<input checked="" type="checkbox"/> To determine eligibility for services as a child with a disability	<input checked="" type="checkbox"/> To discuss disciplinary matters
<input checked="" type="checkbox"/> To develop, review, and/or revise the student's IEP	<input checked="" type="checkbox"/> At your request to discuss: _____
<input checked="" type="checkbox"/> To determine reevaluation needs	<input checked="" type="checkbox"/> Other: _____

This conference has been scheduled for:  
Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: **Using Print button on PDF Reader Toolbar**

Other persons who have been invited to attend this meeting include:

<input type="checkbox"/> Regular Education Teacher	<input type="checkbox"/> Student	<input checked="" type="checkbox"/> Occupational Therapist
<input type="checkbox"/> Speech and Language Pathologist	<input type="checkbox"/> School Psychologist	<input checked="" type="checkbox"/> Physical Therapist
<input type="checkbox"/> Special Education Teacher	<input type="checkbox"/> District Representative	<input checked="" type="checkbox"/> Guidance Counselor
<input type="checkbox"/> Other (Specify) _____		

You are welcome to bring any information, including formal or informal test results, work samples, etc., to the meeting. You may bring someone who has knowledge or special expertise regarding your child or someone to assist you at the meeting. If you would like to schedule the conference at a different time, date, or location, or if you require an interpreter, please contact: \_\_\_\_\_ at \_\_\_\_\_

✦ ✦ ✦ ✦ ✦ ✦ ✦ ✦ ✦ ✦ ✦ ✦ ✦ ✦  
Call or complete and return to the student's school.

Cut and Return this portion to: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Student **JEFFREY BARTOLOZZI** Birth Date **10/22/1987**

I will attend  
 Another/Others will accompany me (optional)  
 I will not attend

I would like this meeting rescheduled for the following suggested date and time: \_\_\_\_\_

A bilingual or sign language interpreter is requested.  
 Yes  No If Yes, specify language/mode of communication \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PR-02