

**CHANGES TO POLICIES AND PROCEDURES FOR
THE EDUCATION OF CHILDREN WITH
DISABILITIES FORMS**

February 1, 2007

**David Roach, Director
SEO-SERRC**

PRIOR WRITTEN NOTICE TO PARENTS

Date Sent _____

Student's Full Name _____ Date of Birth _____

This is to notify you of the district's action regarding _____'s educational program.

1. Type of action taken:

- Proposes to initiate an initial evaluation
- Refusal to initiate an evaluation
- Expedited evaluation
- Proposes to change the identification, evaluation or educational placement
- Refusal to change the identification, evaluation or educational placement
- Change of placement
- Change of placement for disciplinary reasons
- Reevaluation
- IEP issues/meetings where the parent(s) disagree with the district
- Due process hearing, or an expedited due process hearing, initiated by the district
- Graduation from high school
- Exiting high school due to exceeding the age eligibility for FAPE
- Other

This section is reorganized, but not changed.

FAPE
PE

2. A description of the action proposed or refused by the school district:

3. An explanation of why the school district proposes or refuses to take the action:

4. A description of other options that the IEP team considered and the reasons why those options were rejected:

5. A description of each evaluation procedure, assessment, record or report the school district used as a basis for the proposed or refused action:

6. A description of other factors that are relevant to the school district's proposal or refusal:

7. Provision of procedural safeguards:

As a parent of a child with a suspected or identified disability, you have procedural safeguard protection under the Individuals with Disabilities Education Improvement Act (IDEIA) of 2004. Upon initial referral for an evaluation or placement, you will be given a copy of your procedural safeguards. You will also be given a copy of your procedural safeguards upon request, upon receipt of the first state complaint under 34 C.F.R. §300.151-300.153, the first due process request under 34 C.F.R. §300.507 in a school year and in accordance with the discipline procedures in 34 C.F.R. §300.530 (h).

This is new from the Form Rev. 11/20/06

Please contact Name and Title: _____
at Phone #: _____ if you have any questions about the action(s) described above, your rights, as described in the Procedural Safeguards Notice, or other related concerns. You may also obtain a copy of the procedural safeguards notice from the following:

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ E-mail: _____

School District: _____

Enclosure: Procedural Safeguards Notice

Effective date: 2/1/07

PR-01

PARENT INVITATION

Date: _____

Written Notice Number: _____

To: _____

From: _____

I am inviting you to attend a meeting to discuss the educational needs of:

Student's Full Name

Date of Birth

PURPOSE FOR MEETING (Check all which apply):

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

- Face to face meeting Video conference Telephone Conference/ Conference Call

Date: _____ Time: _____ Location: _____

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

- | | | |
|--|--|--------------------------------|
| <input type="checkbox"/> Regular Education Teacher | <input type="checkbox"/> Student | <input type="checkbox"/> Other |
| <input type="checkbox"/> Speech and Language Pathologist | <input type="checkbox"/> School Psychologist | _____ |
| <input type="checkbox"/> Special Education Teacher | <input type="checkbox"/> District Representative | _____ |

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 meeting.

This is new

If you would like to schedule the conference at a different time, date, or location, **or schedule a different type of meeting**, or if you require an interpreter, please contact: _____ at _____.

✂ ✂ ✂ ✂ ✂ ✂ ✂ This is new ✂

Call or complete and return to _____

Name of Student _____

- | | |
|--|--|
| <input type="checkbox"/> I will attend/participate | <input type="checkbox"/> I would like the location of this meeting changed. |
| <input type="checkbox"/> Another/Others will accompany me (optional) | <input type="checkbox"/> I would like to change the type of meeting to _____ |
| <input type="checkbox"/> I will not attend/participate | (face to face, video/ teleconference) |

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: _____

MANIFESTATION DETERMINATION REVIEW

In carrying out a manifestation determination review, the local educational agency, the parent, and relevant members of the IEP team (as determined by the parent and the local educational agency) shall review all relevant information in the student's file, including the child's IEP, any teacher observations, and any relevant information provided by the parents of the child.

Student's Full Name: _____ Date of Birth: _____

Nature of the student's disability: _____

Nature of the behavior subject to disciplinary action: _____

Determination of the Relationship of the Behavior of Concern to the Student's Disability

1. In relationship to the behavior subject to disciplinary action

This statement has been changed

- a. _____
- b. Did the IEP team review relevant information presented by the parents and teacher observations? Yes No
- c. Did the IEP team determine that the conduct in question was caused by/or had a direct and substantial relationship to the child's disability? Yes No

The format of this statement has been changed

2. The behavior is a manifestation of the student's disability, if the IEP team indicated

- a. "Yes" on item c or d of 1. above.

Conclusion:

Based upon the information considered, the IEP team determined that the behavior

was **was not** a manifestation of the student's disability.

Date of Manifestation Determination Review: _____

Signature: _____ Title: _____

Signature: _____ Title: _____

Signature: _____ Title: _____

Signature: _____ Title _____

REFERRAL FOR EVALUATION

Identifying Data

Student's Name: _____	Father: _____
Date of Birth: _____	Address (if different than student): _____
Address: _____	_____
_____	Home Phone (if different than student): _____
Phone: _____	Work Phone: _____
Mother: _____	Legal Guardian (if different than parent): _____
Address (if different than student): _____	Address (if different than student): _____
_____	_____
Phone (if different than student): _____	Home Phone (if different than student): _____
Work Phone: _____	Work Phone: _____
Parents' Native Language (if not English): _____	
Student's Native Language (if not English): _____	
Student ID Number (as appropriate): _____	
Building of Current Attendance: _____	
Grade: _____	Present Teacher(s): _____

Reason for Referral: _____	

Educational History

Indicate any current or past supplemental programs/services or interventions (e.g., Title 1, early intervention services, preschool, Reading Recovery, individualized interventions).

This is new

Provide data that demonstrates that the student was provided appropriate instruction in regular educational settings, delivered by qualified professionals.

Provide data based documentation of repeated assessments of achievement at reasonable, intervals, reflecting formal assessments of student's progress during instruction which was provided to the parents.

Number of school districts attended: _____ Years at present school building: _____

List schools/early childhood programs and dates: _____

Attendance: Regular Irregular (explain)

Is this student age-appropriate for grade level? Yes No

If **No**, check all that apply Retained (specify grade) _____
 Enrolled late in school
 Held out of school by parent
 Unknown

Background Information

A. Health Data

Do you suspect problems with Vision Hearing
Does the student Wear Glasses Use hearing aid(s)
Does the student take medication Yes No

If yes, specify type and purpose: _____

Does the student have any health/developmental/physical problems of which you are aware? Yes No

If yes, please explain: _____

B. Environmental Factors

Describe any specific home factors that might affect the student's performance in school: _____

For Preschool Children Only (please check the area(s) of concern):

Eating Dressing Toileting Attention
 Receptive Communication Expressive Communication Hearing Gross Motor
 Communication Behavior Play

Minor Wording Change

Other

Describe any other pertinent information not previously described: _____

Signature of Person Initiating the Referral

Signature of Person Receiving the Referral

Position or Relationship to Student

Title

Date

Date Received

Date District Suspects a Disability

- Initial Evaluation
- Reevaluation (if additional assessment is to be conducted)

PARENT CONSENT FOR EVALUATION

Part I: To Grant Consent

I have received a copy of my procedural safeguards and I understand the information provided.

I HEREBY GIVE MY PERMISSION FOR _____ to receive an evaluation(s) by designated personnel. I understand the evaluation information will be shared by teachers, principals, and other appropriate school personnel, and that the school district will forward educational records upon request to another school district or educational agency in which my child seeks or intends to enroll. I further understand that my granting of consent is voluntary on my part and I may revoke my consent at any time.

 Signature of parent/legal guardian/custodian, or student (if age 18 or older) Relationship to Child Date

Multifactorial has been removed

Part II: To Refuse Consent

(Do Not complete Part II if you completed Part I)

I have received a copy of my procedural safeguards and I understand the information provided.

I DO NOT GIVE MY PERMISSION for **an evaluation** for _____.

Reasons: (It would be helpful to school personnel who are designing an educational program to meet your child's unique needs if you would share with us your reasons for not giving your permission for **an evaluation**.)

 Signature of parent, legal guardian, custodian, or student (if 18 or older) Relationship to Child Date

Part III: (To be completed by school)

Information about the evaluation and a copy of the procedural safeguards notice were presented/sent by:

 Signature of school district representative Date(s)

The parents' native language is _____. If not English, was the information provided in the native language or other mode of communication of the parents? Yes No

If no, explain: _____

If the native language or other mode of communication is not a written language, attach documentation of the steps taken to ensure that the notice was explained and that the parent understands the content of the notice.

Initial

Reevaluation

EVALUATION TEAM REPORT (Part B)

Disability Determination: _____

Basis for Eligibility Determination:

**This is new from the Form
Rev. 11.20/06**

Signature Block: Please note that filling the name, title and date in this section documents who the team members are and who is part of the evaluation team. A signature in this section documents that the person signing is certifying that this report reflects the team member's conclusion. If the report does not reflect a team member's conclusion please see "Statement of Disagreement" below.

Name Title Signature Date

Name Title Signature Date

Name Title Signature Date

Name Title Signature Date

Name Title Signature Date

Name Title Signature Date

Statement of Disagreement Any team member who disagrees with the eligibility determination must attach to this report a written statement explaining his/her reason for disagreeing with the team's determination.

Effective date: 2/1/07

E. **OBSERVATION**

Item E. from the Form Rev. 11/20/06 has been removed and this item combines items F, G, H, from the Form Rev. 11.20/06

1. The student has been observed in his or her learning environment which includes the regular classroom setting to document the student's academic performance and behavior in the students areas of difficulty. **In the case of a child of less than school age or out of school, an evaluation team member must observe the child in an environment appropriate for a child of that age.**

New

Summarize assessment results and other data used by the team to support this determination:

2. Describe the relationship of the relevant behavior if any, noted during observation(s) to the student's academic functioning.

Summarize assessment results and other data used by the team to support this determination:

3. Describe the educationally relevant medical findings, if any.

Summarize assessment results and other data used by the team to support this determination:

New

F. **NOTIFICATION OF PARENTS**

The parent(s) was notified about:

1. The state's policies regarding the amount and nature of student performance data that would be collected and the general education services that would be provided.

Yes No

2. Strategies for increasing the child's rate of learning: and

Yes No

3. The parent's right to request an evaluation.

Yes No

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Name _____ effective dates from _____ to _____ Date of next IEP review _____

Changed
Signatures are now required

IEP Team Meeting Participants

Check one of the following: This IEP team meeting was a Face to face meeting Video conference **Telephone Conference/ Conference Call.**

(signature/title) _____ Participated Excused

(signature/title) _____ Participated Excused

(signature/title) _____ Participated Excused

(signature/title) _____ Participated Excused

(signature/title) _____ Participated Excused

(signature/title) _____ Participated Excused

(signature/title) _____ Participated Excused

(signature/title) _____ Participated Excused

Summary of special education services: _____

Initial IEP

- I give consent to initiate special education and related services specified in this IEP.*
- I give consent to initiate special education and related services specified in this IEP except for _____**
- I do not give consent for special education services at this time.**

Parent Signature _____ Date: _____

* This IEP serves as prior written notice if there is agreement.
**If there is not agreement, the district must provide prior written notice to the parents.

Parent Notice of Procedural Safeguards/Copy of the IEP

- I have received a copy of the parent notice of procedural safeguards for the current year.
- Parent has requested and received a copy of the IEP

Parent Signature _____
Date: _____

Note: The student receives notice of procedural safeguards at least one year prior to his/her 18th birthday.

Student New _____ Date: _____

Consent for Change in Placement/Partial Implementation of the IEP/Revoke Consent

- I give consent for the change of placement as identified in this IEP.*
- I give consent for the special education and related services specified in this IEP except for _____
- I do not give consent for a change of placement as identified in this IEP.
- I revoke consent for Special Education service.

Parent Signature _____ Date: _____

* This IEP serves as prior written notice if there is agreement.
**If there is not agreement, the district must provide prior written notice to the parents.

Periodic Review Agreement

- I am signing to show my attendance/participated at the IEP team meeting but I do not agree with the special education and related services specified in this IEP.
- I give consent to implement this IEP and I agree with this IEP.

Signature _____ Date: _____

Reason for Placement in Separate Facility (If applicable)

Having considered the continuum of services and the needs of the student, this IEP team has decided that placement in a separate facility is appropriate because: