

Radford City Public Schools

1612 Wadsworth Street
PO Box 3698
Radford, VA 24141
540-731-3647

Student ID:
FTE Number:
Date of Birth:

Meeting Notice

To: _____ Letter Dates: _____

Student's Name: _____ Date Sent To Participants: _____

This is to notify you that an IEP team meeting has been scheduled for the above student. Your participation and attendance at this meeting are very important. This IEP meeting must be scheduled at a mutually agreed upon time and place. The purpose of this meeting is to (check all that apply):

Discuss Reevaluation
 Component Update

Add/Delete Related Services
 Other

This meeting has been scheduled for: Date _____ Time _____

Location _____

The following are invited to attend and participate in the IEP meeting:

* If the purpose of the meeting includes the development of transition services needs (beginning at age 14 or younger) the student will be invited. If the purpose of the meeting is the consideration of needed transition services (beginning at age 16 or younger) the student and representatives of the following agencies will be invited:

The parent/adult student or school division may invite individuals who have knowledge or special expertise regarding the student, including related services personnel, to participate. The determination of the knowledge or special expertise shall be made by the person/party extending the invitation. If you, the parent or adult student, are bringing other individuals to the meeting, please let us know. This will ensure that the meeting space will accommodate all team members.

If you have any questions or would like additional information or assistance to help you prepare for this IEP meeting, please contact _____ at _____, e-mail _____.

Procedural Safeguards Notice is enclosed.

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Meeting Notice

Date of IEP meetings: _____

Student: _____

To the Parent/Student

Please check your choice. Detach and return this section to _____ Fax _____

Parent Student WILL ATTEND the IEP meeting as scheduled.

Parent Student CANNOT ATTEND the IEP meeting as scheduled.

I understand the importance of attending. You may hold this meeting in my absence.

Please reschedule this meeting.

(month/day/year)_____ at (time/place)_____.

Please contact me at _____ to determine a mutually agreeable date, time, and place for this IEP meeting.

I can participate by an alternate method (Select an option below).

Other: _____

I give permission to proceed without a meeting.

No parental response - Will proceed with meeting.

Parent Student would like my preferences, interests, concerns shared with the IEP team.

I will provide my input to you by: ___ Mail, ___ Telephone, ___ other means _____ prior to the meeting.

I will need the following accommodations for this IEP meeting:

Parent Signature _____ Date _____ Date received by the school _____

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Student ID:
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Excused Team Members

Student's Name: _____ ID#: _____ Date of Birth: _____

Attending School: _____ Grade: _____

Home School: _____

Parent/Guardian/Surrogate Name: _____

Address: _____

Home#: _____ Work#: _____

There is a meeting in reference to your child to be held on (date) _____ at (time) _____
at (place) _____

The following team members have requested excusal from the meeting:

Name	Title	Reason

If the member's area of the curriculum or related service will not be discussed, the member may be excused without submitting comments in writing. If the member's area of curriculum or related service will be discussed, they may be excused but must provide comments in writing and submit this to the team in lieu of their appearance.

I agree to excuse the above team members from the meeting.

I do not agree to excuse the above team members from the meeting.

Signature of Parent

Date

Signature of District Representative

Date

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Student ID:
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Assessment Review

Student: _____ DOB: _____ Grade: _____ Date of Meeting: _____

Student ID: _____ Disability: _____

Initial Eligibility: _____ Most Recent Re-evaluation: _____ Next Re-evaluation: _____

Contact Name: _____ Work Phone: _____

Contact Name: _____ Work Phone: _____

Home Address: _____

Component Update

Add/ Delete Related Service

Re-evaluation Review

Assessment Summaries

Educational Results: Date: _____ Evaluator: _____

Developmental Results: Date: _____ Evaluator: _____

Audiological Results: Date: _____ Evaluator: _____

Medical Results: Date: _____ Evaluator: _____

Speech and Language Results: Date: _____ Evaluator: _____

Vision Results: Date: _____ Evaluator: _____

Sociocultural Results: Date: _____ Evaluator: _____

Hearing Screening Results: Date: _____ Evaluator: _____

Occupational Therapy Results: Date: _____ Evaluator: _____

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Assessment Review

Psychological Results: Date: _____ Evaluator: _____

Observation Results: Date: _____ Evaluator: _____

Physical Therapy Results: Date: _____ Evaluator: _____

Physical Examination Results: Date: _____ Evaluator: _____

Assistive Technology Results: Date: _____ Evaluator: _____

Other Results: Date: _____ Evaluator: _____

Reevaluation Review Only:

Summary of Deliberations Refer to Eligibility Yes No

Participants

_____	_____	_____	_____
	Date		Date
_____	_____	_____	_____
	Date		Date
_____	_____	_____	_____
	Date		Date
_____	_____	_____	_____
	Date		Date

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Student ID:
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Reevaluation Notification/Consent

Student's Name: _____

Student's Number: _____

Date of Birth: _____

Dear Parent(s),

We are notifying you that your child, _____ requires a re-evaluation. The parent/adult student or school division may invite individuals who have knowledge or special expertise regarding the student, including related services personnel, to participate as a member of the eligibility or IEP team. The determination of the knowledge or special expertise shall be made by the person/party extending the invitation. If you, the parent or adult student, are bringing other individuals to the meeting, please let us know. This will ensure that the meeting space will accommodate all team members.

Enclosed with this letter is a copy of your rights as a parent of a child who requires special education or Section 504 services. To obtain assistance in understanding the provisions of this part of your rights, you may contact either _____ at _____ or _____ at _____.

The re-evaluation will include the following assessments:

The decision to an evaluation of your child was based on the following:

Before we decided to an evaluation, the school division considered and/or attempted the following options:

These options or strategies were rejected because:

When the assessments are completed, an eligibility/IEP meeting will be held. You will be notified of this meeting in a timely manner so that you may attend.

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Reevaluation Notification/Consent

Parental Response

I understand that I have the opportunity to participate in the consideration of the areas to be assessed. I would suggest the following areas of need be considered in assessing my child:

1. _____
2. _____
3. _____
4. _____

I also have been given the statements prepared by the _____ that summarize protections for students who may require special education.

These evaluations have been explained and I have been informed of my due process rights in language understandable to me. I give my consent for my child to be re-evaluated.

Parent/Guardian/Surrogate

Date

Please return this form to _____ at _____.

I refuse consent for my child to be evaluated.

Parent/Guardian/Surrogate

Date

Comments:

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Prior Notice

Describe other options considered and the reasons for their rejection:

List other factors that are relevant to this proposal:

After consideration we refuse to:

Reasons for the refusal(s):

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Description of each evaluation procedure, test, record, or report used as a basis for the refusal(s):

Description of any options considered and the reasons why those options were rejected:

Description of any other factors which are relevant to the refusal(s):

Note:

When the parent(s) and adult student were notified of the meeting to develop this IEP, they were provided a copy of the procedural safeguards that explains their rights. If you, the parent(s) and adult student, need another copy of the procedural safeguards or need assistance in understanding this information please contact

_____ at _____
e-mail _____ or
_____ at _____
e-mail _____.