

# **RICHLAND PARISH SCHOOLS**

Special Education Department

411 Foster Street

Rayville, LA 71269

## **NOTICE OF INTENT**

**(To be Completed and Given to Parent after each IEP Meeting or IEP Amendment)**

Date: \_\_\_\_\_ To: Parent/Guardian of: \_\_\_\_\_

**The purpose of this letter is to inform you of the school system's Individualized Education Program (IEP) team's proposal to:**

- ☐ Change your child's educational placement: Explain \_\_\_\_\_
- ☐ Change your child's special education support: Explain \_\_\_\_\_
- ☐ Change your child's special education related service: Explain \_\_\_\_\_
- ☐ Change / Update your child's goals/objectives to support continued growth across the curriculum/environment \_\_\_\_\_
- ☐ Change your child's assessment decision: Explain \_\_\_\_\_
- ☐ Change your child's school exit option: Explain \_\_\_\_\_
- ☐ Make a determination / implement Act 833 \_\_\_\_\_
- ☐ Other(describe): \_\_\_\_\_

**The IEP team proposes to take this action because:**

- ☐ Changes were needed to support student learning/progress towards goals/objectives
- ☐ Data indicates your child qualifies to take an alternate assessment
- ☐ Data indicates a need for change to your child's school exit option
- ☐ Data indicates your child no longer qualifies for/will no longer receive related service(s): List service(s) \_\_\_\_\_
- ☐ Data indicates your child qualifies for Act 833 \_\_\_\_\_
- ☐ Other(describe): \_\_\_\_\_

**Other Option(s) IEP team considered:** \_\_\_\_\_

**Reason for Rejection of Option(s):** \_\_\_\_\_

**The following information was used in making this decision:**

- ☐ IEP
- ☐ Evaluation
- ☐ Parent Information
- ☐ Student Performance
- ☐ Other(describe): \_\_\_\_\_
- ☐ Student Behavior
- ☐ Medical Information
- ☐ Teacher Information/Observation
- ☐ Report Cards/Statewide Assessment Data

Parent(s)/Guardians of a child with a disability have legal rights, called procedural safeguards, which are part of the *Individuals With Disabilities Education Act(IDEA)* and **Bulletin 1706: Regulations for the Implementation of the Children with Exceptionalities Act, Subparts A & B**. Parental rights can be found in *Louisiana's Educational Rights of Children with Disabilities*.

You have already received a copy of the handbook, but you may request an additional copy from your child's teacher or access at <http://www.louisianabelieves.com>.

**\*IEP Team determined Actions to Take Effect as indicated by the Program/Service's Start Date(s) on the IEP.**

\_\_\_\_ Parent/Guardian attended the IEP meeting – this letter was given to parent(s)/guardian(s) with copy of IEP.

\_\_\_\_ Parent/Guardian did not attend IEP meeting – this letter was mailed with parent/guardian's copy of IEP and Rights/Restraint booklets.

If you need further information, you may contact:

Angie Snuggs, Supervisor of Special Education

318-728-5964 Ext 235

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