

Please sign and return within three (3) days _____

1st Notice 2nd Notice 3rd Notice

RICHLAND PARISH SCHOOLS PARENTAL NOTIFICATION LETTER

Prior Written Notice

ANNUAL REVIEW AMENDED IEP INITIAL IEP INTERIM IEP

To the Parent(s)/Guardian(s) of Student: _____ Date: _____

To Student (if Transition Planning): _____ Date: _____

School _____ Contact Name: _____ Telephone #: _____

Parents of a child with a disability have legal rights, called procedural safeguards, which are part of the *Regulations for Implementation of the Children with Exceptionalities Act*. The procedural safeguards are found in the enclosed copy of *Louisiana's Educational Rights of Children with Disabilities*.

If you are a person with a disability or speak another language these rights can be given to you in a different format or language (e.g., Larger print, Braille, on CD, DVD or tape, or translated into another language). The Individuals with Disabilities Education Act recognizes that it is important that families be fully informed so that they can participate equally in making decisions about their child's special education.

If you choose to receive your notification letter by electronic mail, please provide your e-mail address and initial on the line below.

Email Address: _____ Initials: _____

The following arrangements have been made for the meeting:

Date: _____ Time: _____ Location: _____

This letter of notification is for you to attend a meeting to:

- Develop, review, or amend an individualized education program (IEP)** to determine placement (i.e., services and support, not the building or classroom) for your child. The development of the IEP will be based on information from a variety of sources, including the strengths of the child, the concerns of the parents for enhancing the education of their child, the results of the initial or most recent evaluation of the child, the academic, developmental, and functional needs of the child, and any other special factors. At this meeting we will have a draft copy of the IEP for the Team to review. In all cases, the IEP Team, of which you will be an equal participant, must review each section of the IEP to assure agreement. Any section of the IEP can be revised by the Team before the IEP is finalized.
- Discuss and determine at the IEP Team meeting a possible **change of placement** for your child which may include classroom setting or building site adjustment.
- Consider your child's/your transitional service needs.** Transitional services are designed to promote movement from school to post-school activities including post-secondary education, vocational training, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation. Beginning not later than the first IEP to be in effect when the child turns 16 and updated annually; thereafter, the IEP will include a statement of transitional service needs including a statement of the interagency responsibilities or any needed linkages.
- Discuss possible eligibility for your child taking the Alternate assessment, and if eligible, discuss your child participating in the Alternative Pathway for Students Assessed on the Alternative Assessment (LEAP Connect, which was formerly LAA1). Students on the Alternative Pathway work towards a Jump Start/Career Diploma and meet an alternative set of requirements for graduation.
- Discuss your child's eligibility for the Act 833 Graduation Pathway to a Jump Start/Career diploma. Once on Act 833, IEP teams can establish individual exit goals, credentials, and individual performance criteria for classroom and EOC assessments that the student must meet in order to achieve the standard diploma requirements.
Discuss your child's eligibility for the Act 833 Promotion Pathway. IEP teams can determine promotion criteria for students with disabilities who do not meet the state or local requirements for promotion or who have not met state-established benchmarks on state assessments.
- Discuss your child's/your eligibility to take the **Alternate Assessment** format of standardized testing.

Consider **disciplinary action AND/OR provide additional behavior support** and/or strategies (may include development of Behavior Intervention Plan).

child will be invited to participate in the IEP Team meeting unless you disagree (if your child is under age of majority -18). We also need your permission to invite the selected representatives of adult transitional services listed below. You should have already signed a permission letter to accept or refuse adult agency participation in your child's/your (if competent student) IEP. You may also bring other person(s) with you to assist in planning the IEP. The persons listed below will be invited to attend this meeting:

Officially Designated Representative	Regular Education Teacher	Evaluation Representative (mandatory for Initial/Interim only)
Special Education Teacher	Regular Education Teacher	Speech Therapist (if appropriate)
School Nurse (if appropriate)	Regular Education Teacher	APE Teacher (if appropriate)
OT (if appropriate)	Other	Other
Agency Representative	Agency Representative	Other

EXCUSAL REQUEST

We are asking permission to excuse the following persons from the meeting:

Name	Name	Name
Position	Position	Position
<input type="checkbox"/> This member's area of curriculum or related service is not being discussed at the meeting.	<input type="checkbox"/> This member's area of curriculum or related service is not being discussed at the meeting.	<input type="checkbox"/> This member's area of curriculum or related service is not being discussed at the meeting.
<input type="checkbox"/> This member's area of curriculum or related service will be discussed at the meeting. Included is the member's input to the general student information, academic & functional performance levels & goal(s), amount of services, and any other recommendation for your child.	<input type="checkbox"/> This member's area of curriculum or related service will be discussed at the meeting. Included is the member's input to the general student information, academic & functional performance levels & goal(s), amount of services, and any other recommendation for your child.	<input type="checkbox"/> This member's area of curriculum or related service will be discussed at the meeting. Included is the member's input to the general student information, academic & functional performance levels & goal(s), amount of services, and any other recommendation for your child.

Please check below all boxes below which are relevant and return to indicate whether you plan to attend the IEP Team meeting as scheduled. If this date, time, or location is not convenient for you, please indicate when you can attend next to the 3rd statement. **Please check all that apply, sign, and return this page within three (3) days.**

- I have received a copy of *Louisiana's Educational Rights of Children With Disabilities*. Note: Parent(s)/Guardian(s) of a child with an exceptionality should receive a copy annually, as well as (1) the first time the child is referred for evaluation; (2) the first time a complaint is filed; (3) at a Manifestation Determination; or (4) whenever a parent asks.
- I plan to attend the IEP Team meeting at the time and place indicated in the notification letter. I plan to bring _____ additional person(s) with me.
- I am unable to attend the IEP Team meeting at the time and place indicated in the notification letter. The best day and time for me: _____

Month/Day/Year
Time
- *** I am unable to attend the IEP Team meeting in person, but I would still like to participate by telephone conference.
 *** Parent/Guardian: You may NOT use this choice for Initial IEPs – your signature is REQUIRED BY LAW. _____
 Phone Number
- I give permission for you to excuse the attendance of the IEP participant(s) as noted above.

If you have any special needs, please indicate below:

Parent/Guardian/Competent Student Signature

Date