



LOUISIANA DEPARTMENT OF EDUCATION SPECIAL SCHOOL PROGRAMS

PARENTAL NOTIFICATION LETTERS *PRIOR WRITTEN NOTICE* BY THE LOCAL SCHOOL SYSTEM <http://www.doe.state.la.us> 1-877-453-2721

Date: _____ Contact Name: _____
School: _____ Telephone No.: _____
To: _____
To the Parent(s)/Guardian(s) of: _____

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.

E-mail address: _____ Initials: _____

The following arrangements have been made for the meeting:

Date: _____
Time: _____
Location: _____

At this meeting we will:

- Discuss the results of the evaluation and participate in the determination of eligibility.

- 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.

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- Consider your child's transitional services 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, (or younger if deemed appropriate by the IEP team), 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.

- At the IEP Team meeting, discuss your child's possible eligibility for working toward a Certificate of Achievement (instead of a high school diploma) because the latest information appears to support your child's participation in one of the alternate assessments. Students participating in an alternate assessment are working towards a Certificate of Achievement and not the standard Louisiana High School Diploma. The decision for participation in alternate assessment will be made with you at the IEP meeting.

- Discuss at the IEP Team meeting your child's possible eligibility for entering the GED Prep Program. Your child must be 16 years of age or turn 16 during the year he/she is to enroll in the program and meet eligibility criteria. In the Options Program, your child will be working toward a Louisiana Equivalency Diploma and/or a Skills Certificate, and not the standard Louisiana High School Diploma.

- Consider disciplinary action.

- Reevaluate your child's continued need for special education and related services. Your permission is requested for the reevaluation. The evaluation procedures we plan to use include the following:

- A review of existing evaluation data, including evaluations and information provided by you.
- A review of your child's progress toward meeting the measureable annual goals.
- A review of current classroom-based local or state assessments and classroom-based observations.
- A review of age-appropriate transition assessments related to training, education, employment and where appropriate, independent living skills, vocational and transition needs for an IEP in effect when the child turns 16 years old (or younger, if deemed appropriate by the IEP team).
- Other tests and evaluation procedures that the IEP team and pupil appraisal staff decides are necessary.

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- Your 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 may also bring other person(s) with you to assist in planning the IEP.

The following persons listed below will be invited to attend this meeting:
School System Personnel:

Officially Designated Representative

Regular Education Teacher

Evaluation Representative

Special Education Teacher

Other

Representative Agency

Excusal Request

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

(Name and position)

- This member's area of curriculum or related services **is not** being discussed at the meeting.
- This member's area of curriculum or related services **will be** discussed at the meeting. Included is the member's input to the general student information, academic and functional performance levels and goal(s), amount of services, and any other recommendations for your child.

Please return the attached sheet 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.

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Return the attached form within three (3) days.

Student's Name: _____

Please check the appropriate spaces, sign and return to the school within three (3) days to:

Name: _____

School: _____

Pertains to your child:

- I have received a copy of *Louisiana's Educational Rights of Children with Disabilities*. **Note:** Parent(s)/guardian(s) of a child with a disability 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) whenever a parent asks for a copy.
- I plan to attend the meeting to discuss the evaluation results 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 meeting to discuss the evaluation results at the time and place indicated in the notification letter.
The best day and time for me are _____.
- I am unable to attend the meeting to discuss the evaluation results scheduled, in person, but I would still like to participate by telephone conference. Please call me at _____ at the date and time specified.
- I give permission for you to conduct the reevaluation and any additional tests that may be needed.
- 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 are _____.
- I am unable to attend the IEP Team meeting scheduled, in person, but I would still like to participate by telephone conference. Please call me at _____ at the date and time specified.
- I give permission for you to invite the adult service agency (ies) listed on page 3 because they may be responsible for providing or paying for transition services.
- I give permission for you to excuse the attendance of the IEP participants as noted on page 3.
- I revoke my consent** for special education and related services to be provided to my child.

If you have any special needs, please indicate them here: _____

Parent(s)/Guardian(s) Signature

Date

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Student:

Parent:

Address:

Dear _____ :

Special School District has established a review process in compliance with Section 504 of the Rehabilitation Act and IDEA to determine the educational needs of students not making expected progress because of a suspected disabling condition. The School Building Level Committee (SBLC) has received a request to review your child's needs. The committee of professionals knowledgeable about your child and the suspected disabling condition will gather data, review records, conduct selective screening and assessments, and use intervention strategies, accommodations, and modifications needed within the regular education program. Selective screening and assessments are those not routinely performed on most students and may be conducted by teachers, school nurses, psychologists or others, as warranted. These measures do not include psycho-educational depth testing or other in-depth assessment, but will be used to determine the need for more extensive evaluation.

Information documented thus far will be reviewed at the SBLC meeting scheduled at the school on _____, at _____ at the school office. You are invited to participate as an important member of the committee. If you would like to participate and are unable to attend the meeting at this time and date, please contact the SBLC chairperson at the school to reschedule.

The School Building Level Committee recognizes the importance of the home/school partnership and is eager to work with you for your child's success.

Sincerely,

SBLC Chair

Complete for the School Building Level Committee (SBLC) meeting, and please return within 3 days:

I have received a copy of Form SBLC-PR (Parent/Student Rights).

_____ I will attend the meeting scheduled on _____ at _____.
(Date) (Time)

_____ **I will not be able to attend the meeting but please contact me to discuss the review of information.**

_____ **I will not be able to attend the meeting, however, I would like to participate via telephone. My telephone number is _____.**

Signature of Parent/Guardian

Date Received by School System _____

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