

Radford City Public Schools

1612 Wadsworth Street

Radford, VA 24141

540-731-3647

Student ID:

FTE Number:

Student Testing ID:

Date of Birth:

Notice of Meeting

Letter Date(s): _____

Student's Name: _____

Student No: _____ Date of Birth: _____

Dear Parent(s)/Student,

We have completed the assessments necessary to decide if your child is eligible for special education. We have scheduled a meeting to discuss the results of these assessments. The meeting has been scheduled for:

Date _____ Time _____

Location _____

The purpose(s) of the meeting will be to:

The eligibility committee is composed of a team of qualified professionals involved with your child, and you, as the child's parent(s). The eligibility committee may also include the following: school principal, your child's teacher, school psychologist, school social worker, special education representative, related services staff, as appropriate, or other persons significant to your child's education. The following are invited to attend and participate in the eligibility meeting:

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 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.

A copy of the eligibility minutes will be provided to you. If you do not agree with the decision, you have several options. Evaluation reports are available two business days prior to the date of the eligibility meeting.

If your child is eligible for services, a meeting will be scheduled with you to develop an Individualized Education Program (IEP) plan. Your written consent will be required for your child to receive the services described in the plan.

You are also welcome to contact me at _____ for additional information regarding this process.

Please check one of the options below and return to _____ by _____.

Sincerely,

Principal or Designee

Radford City Public Schools

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Please complete this form and return.

- I will be able to attend the meeting at _____ on the specified date.
- I cannot come as scheduled. During the day I may be reached at _____ (phone no.) to reschedule a meeting.
- I cannot come as scheduled. I give permission to proceed.
- I have invited the following people to come with me:

Name: _____ Relationship/Title: _____

Parent/Guardian/Surrogate

Date

Student ID:
FTE Number:
Student Testing ID:
Date of Birth:

Parental Consent to Evaluate

Date Sent: _____

Student's Name: _____ Student No: _____
First Middle Last

Birth Date: _____ Sex: _____ School: _____ Grade: _____

I understand that parental consent is not required before reviewing existing data as part of an evaluation or administering a test or other evaluation that is administered to all children, unless parental consent is required before administration to all children. Parental consent for initial evaluation shall not be construed as consent for initial provision of special education and related services. (34 CFR 300.300)

I understand that a variety of assessment tools and strategies will be used to gather relevant functional, developmental, and academic information about my child.

Areas of Evaluation:

- | | |
|--|---|
| <input type="checkbox"/> Educational | <input type="checkbox"/> Developmental |
| <input type="checkbox"/> Audiological | <input type="checkbox"/> Medical |
| <input type="checkbox"/> Speech and Language | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Sociocultural | <input type="checkbox"/> Hearing Screening |
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Psychological |
| <input type="checkbox"/> Observation | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Physical Examination | <input type="checkbox"/> Assistive Technology |
| <input type="checkbox"/> Current Class Performance | <input type="checkbox"/> Other |

I consent for _____ (Local Education Agency) to conduct or administer the evaluation components listed above. The results of these evaluations will be used to determine:

1. whether my child is or continues to be a child with a disability
2. my child's educational needs
3. the other matters set forth on the attached Review of Existing Data Summary (previous eligibility's Meeting Minutes)

I understand that the evaluation reports will be available to me two business days prior to the eligibility meeting. I understand that the evaluation will be completed at no cost to me and a written copy of the evaluation report(s) shall be provided to me, at no cost, prior to or at the meeting where the eligibility group reviews the evaluation report(s) or immediately following the meeting, but no later than ten days after the meeting.

Procedural Safeguards: I understand my right to withhold consent for the school division to evaluate my child. I understand that my permission is voluntary and may be revoked at anytime.

- I give consent for the evaluation.
- I do not give consent for the evaluation.

Parent Signature

Date

Student ID:
FTE Number:
Student Testing ID:
Date of Birth:

Meeting Minutes

I. Date: _____

Student's Name: _____ Birth Date: _____
First Middle Last

Sex: _____ Race: _____ Grade: _____

Parent/Guardian/Surrogate: _____ Student No.: _____

Address: _____ School: _____

Home Phone #: _____ Work Phone #: _____ Work Phone #: _____

II. Summary of Deliberations

Date: _____ Evaluation: _____

Date: _____ Evaluation: _____

III. Summary of Discussion

The group shall draw upon information from a variety of sources, including, but not limited to, review of records, aptitude and achievement tests, parent input and teacher recommendations, as well as information about the child's physical condition, social or cultural background, and adaptive behavior; and ensure that information from all these sources is documented and carefully considered. Include the basis for making the determination, information from assessments, any educationally relevant medical findings, classroom observation and behavior noted during the observation and its relationship to academic functioning.

The team shall consider data that demonstrates that prior to, or as part of the referral process, the child was provided appropriate high-quality, researched-based instruction in general education settings, consistent with § 1111(b)(8)(D) and (E) of the ESEA, including that the instruction was delivered by qualified personnel. There shall be data-based documentation that repeated assessments of achievement at reasonable intervals, reflecting that formal assessment of student progress during instruction was provided to the child's parents. The determinant factor in the eligibility decision is not based on a lack of appropriate instruction in a. reading, including the essential components of reading instruction; b. Lack of appropriate instruction in mathematics; or c. Limited English proficiency. (Attach additional pages as needed)

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Meeting Minutes

IV. Recommendations

Yes **No**

- 1. Does the student have the presence of a disability?
- 2. Does the disability have an adverse impact on educational performance?
- 3. Does the student have a need for specially designed instruction?

Recommendations:

V. Eligibility Decision

As defined by Regulations Governing Special Education Programs for Students with Disabilities in Virginia the team determined that:

The child has or continues to have a disability under the disability category(ies) of _____ and by reason of the disability(ies) needs special education and related services,

or

The child does not meet criteria to be found eligible or continue to be eligible for special education and related services.

Consent to Bill Medicaid: Yes No Revoked Not Medicaid

VI. Members present, their signatures and conclusions

Parental consent for eligibility or change is indicated by parental signature.

Dissenting
Opinion
|

_____ Date

_____ Date

VII. Signatures of others present

_____ Date _____ Date

_____ Date _____ Date

_____ Date
Parent/Guardian/Surrogate

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Prior Notice

Student's Name: _____

Student's Number: _____

Date of Birth: _____

Dear Parent(s):

The Radford City Public Schools (_____) is required to provide written notice to parents when the schools propose or refuse to initiate a change in the identification, evaluation, or educational placement for the provision of a free appropriate public education (FAPE) for your child.

The following meeting was held regarding your child:

Date of Meeting: _____

Nature of Meeting:

Child Study

Eligibility

Plan

1. Actions proposed or refused by Radford City Public Schools:

2. Rationale for why actions were proposed or refused:

3. Other options considered:

4. Reasons why options were rejected:

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Prior Notice

5. Description of any assessment data or reports used to make the decision:

6. Other factors relevant to proposal or refusal:

7. Follow-up meeting date, if appropriate: _____

You have protection under procedural safeguards. A copy of your parental rights is enclosed with this notice. To obtain assistance in understanding the provisions of this part of your rights, you may contact either your child's case manager or the Radford City Public Schools at 540-731-3647.

Principal/Designee Signature

I have received a copy of my parental rights. Yes No

Parent/Guardian Signature

CC: Student file
Case Manager