

Student ID:  
FTE Number:  
Date of Birth:

**Meeting Notice**

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To: \_\_\_\_\_ Letter Dates: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date Sent To Participants: \_\_\_\_\_

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

\_\_\_ Behavioral Intervention Plan

\_\_\_ Other

This meeting has been scheduled for: Date \_\_\_\_\_ Time \_\_\_\_\_

Location \_\_\_\_\_

The following are invited to attend and participate in the Behavioral Intervention Plan 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:

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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 Behavioral Intervention Plan meeting, please contact \_\_\_\_\_ at \_\_\_\_\_, e-mail \_\_\_\_\_.

Procedural Safeguards Notice is enclosed.

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**Spotsylvania County Public Schools**  
8020 River Stone Drive  
Fredericksburg, VA 22407  
540-834-2500

### Meeting Notice

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Date of Behavioral Intervention Plan meetings: \_\_\_\_\_

Student: \_\_\_\_\_

To the Parent/Student

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

☐ Parent ☐ Student WILL ATTEND the Behavioral Intervention Plan meeting as scheduled.

☐ Parent ☐ Student CANNOT ATTEND the Behavioral Intervention Plan 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 Behavioral Intervention Plan 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 Behavioral Intervention Plan 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 Behavioral Intervention Plan meeting:

\_\_\_\_\_  
Parent Signature \_\_\_\_\_ Date \_\_\_\_\_ Date received by the school \_\_\_\_\_

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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**Behavioral Intervention Plan**

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Student: \_\_\_\_\_ Date of Plan: \_\_\_\_\_

ID: \_\_\_\_\_ DOB: \_\_\_\_\_

Grade: \_\_\_\_\_ Disability: \_\_\_\_\_

Individual Completing Report: \_\_\_\_\_

**Participants In Developing Plan**

_____	_____
_____	_____
_____	_____
_____	_____

**Description of problem:** (Summary of FBA; attach form)

**Goal:** (Anticipated behavior changes. May list more than one.)

**Plan:** (May address more than 1 behavior)

**Preventing Techniques:**

**Intervention Strategies:**

**Teaching Techniques:**

**Person Responsible:**

**Positive Reinforcers:**

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**Behavioral Intervention Plan**

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**Evaluation/Maintenance Schedule**      (Dates)

Signature of IEP Participants:

<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____

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**Prior Notice**

Name of student \_\_\_\_\_

DOB \_\_\_\_\_

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(address)

Dear \_\_\_\_\_

The Individuals with Disabilities Education Improvement Act (IDEIA) requires that a school division provide written notice within a reasonable time to parents of a student with a disability (or a student suspected of having a disability) or to the adult student himself/herself, as appropriate, when the school division proposes or refuses to initiate or change the identification, evaluation or educational placement, or the provision of a free appropriate public education.

**The following information has been considered:**

**1. Description of the action** *Check boxes below as appropriate for this notice*

Proposed      Refused

IEP development		
initial IEP		
review IEP		
related services		
ESY		
behavior plan		
transportation		
change of placement		
testing accommodations		
Transition Plan		
Functional Behavior Assessment		
Transfer IEP		
other		
long-term suspension		
graduation		
modified diploma (services may continue through age 22)		
standard diploma		
advanced diploma		
special diploma		
other		
Service Plan (SP):(Private School Students Only)		
FBA		
BIP		
Transfer		
Transition		
Assessment Review		

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### Prior Notice

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**2. Explanation of the reason this action is being taken** *(check those applicable)*

- ☐ the above action is appropriate
- ☐ the above action is not appropriate
- ☐ other

**3. Options Considered and Rejected**

Considered	Rejected	
<input type="checkbox"/>	<input type="checkbox"/>	revised student iep
<input type="checkbox"/>	<input type="checkbox"/>	maintain student's placement
<input type="checkbox"/>	<input type="checkbox"/>	change student's placement
<input type="checkbox"/>	<input type="checkbox"/>	committee determined the student did not require the service or support.
<input type="checkbox"/>	<input type="checkbox"/>	committee determined the student requires a higher level of service or support.
<input type="checkbox"/>	<input type="checkbox"/>	additional interventions were not successful.
<input type="checkbox"/>	<input type="checkbox"/>	additional interventions were not appropriate.
<input type="checkbox"/>	<input type="checkbox"/>	no other options were considered.
<input type="checkbox"/>	<input type="checkbox"/>	other

Reason why options were rejected

**4. The following was used as a basis for the proposed or refused action**

- ☐ concerns of the parents/guardian
- ☐ concerns of the committee
- ☐ outside evaluations / assessments / tests / reports
- ☐ student progress updates / report cards
- ☐ information from related service provider
- ☐ other

**5. Description of the nature, purpose and use of any evaluation procedure, test, record, or report used as a basis for taking the action**

**6. The other factors relevant to this decision are** *(if applicable)*

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### Prior Notice

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

### Prior Notice of and Placement Decision

The school division proposes to implement this IEP and the placement decision as written. This proposed IEP and placement will allow the student to receive a free appropriate public education in the least restrictive environment. This decision is based upon a review of current records, current assessments, and the student's performance as documented in the Present Levels of Academic and Functional Performance. Other options considered, if any, and the reason for their rejection are attached, or can be found in the Placement Decision section of this IEP. Additionally, other factors, if any, that are relevant to this proposal are attached. 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 \_\_\_\_\_ or e-mail \_\_\_\_\_  
or \_\_\_\_\_ at \_\_\_\_\_ or e-mail \_\_\_\_\_.

\_\_\_\_\_ Parent(s)/adult student initials here indicate that the parent(s)/adult student has read the above prior notice and attachments, if any, before giving permission to implement this IEP and the placement decision.

**Parent/Adult Student Consent:** Indicate your response by checking the appropriate space and sign below.

- ☐ **I give** permission to implement this IEP and the placement decision.
- ☐ **I do not give** permission to implement this IEP and the placement decision.
- ☐ I am considering whether to provide permission for this IEP and the placement decision.

I understand that my child's IEP committee met on \_\_\_\_\_ and determined, based on a review of data obtained, that my child is no longer eligible for the related service of \_\_\_\_\_

- ☐ **I give** consent for the termination of this related service, \_\_\_\_\_, for my child.
- ☐ **I do not** consent for the termination of this related service, \_\_\_\_\_, for my child.
- ☐ I have received a copy of my rights as a parent of a child eligible for special education services.

\_\_\_\_\_  
Parent Signature or Adult Student Signature (if appropriate)

\_\_\_\_\_  
Date

### Transfer of Rights at the Age of Majority (Age 18):

Indicate the date that the student and parent were informed of the transfer of parental rights under IDEA to the adult student at the age of 18. This must occur at least one year prior to the age of 18.

\_\_\_\_\_  
Date School Official Signature

I was informed of the parental rights under IDEA and that these rights transfer to me at age 18.

\_\_\_\_\_  
Date Student Signature

I was informed of the parental rights under IDEA that transfer to my child at age 18.

\_\_\_\_\_  
Date Parent Signature