

Student ID:  
FTE Number:  
Date of Birth:

**Notice of Meeting**

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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 or Section 504 services. We have scheduled a meeting to discuss the results of these assessments. The meeting has been scheduled for:

Date \_\_\_\_\_ Time \_\_\_\_\_

Location \_\_\_\_\_

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.

After the discussion, the eligibility committee will determine whether your child is eligible for special education and related services, or whether some other plan in regular education would be more appropriate. A copy of the eligibility minutes will be provided to you. If you do not agree with the decision, you have several options. Attached to this letter is a copy of your rights as a parent. 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

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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

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**Reevaluation Notification / Consent**

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

Student's Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Dear Parent(s),

We are notifying you that your child, \_\_\_\_\_, requires a re-evaluation. 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 or IEP 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.

Enclosed with this letter is a copy of your rights as a parent of a child who requires special education or Section 504 services. To obtain assistance in understanding the provisions of this part of your rights, you may contact either \_\_\_\_\_ at \_\_\_\_\_ or \_\_\_\_\_ at \_\_\_\_\_.

The re-evaluation will include the following assessments:

- Educational: Written report describing current educational performance and identifying instructional strengths and weaknesses in academic skills and language performance.
- Developmental: Written report of assessment describing how the child functions in the major areas of development such as cognition, motor, social/adaptive behavior, perception, and communication.
- Audiological: Written report describing your child's hearing acuity.
- Medical: Written report from a physician indicating general medical history and any medical/health problems which may impede learning.
- Speech and Language: Written report describing how well your child can speak and understand language.
- Vision: Written report describing your child's functional vision skills.
- Sociocultural: Written report from a school social worker based on interview(s) and social appraisal instruments which describes family history, structure and dynamics; developmental and health history; and social/adaptive behavior in home, school, and community.
- Hearing Screening: Written report describing the child's range of hearing. [Required during the eligibility process for a child with a disability prior to placement in a special education program.]
- Occupational therapy evaluation: Written report describing your child's functional fine motor skills.
- Psychological: Written report from a school psychologist based on the use of a battery of appropriate instruments which may include individual intelligence test(s), psychoeducational tests, measures of perception, and tests of personality and/or behavior.
- Observation: Written report describing your child's interaction in an educational environment and/or community, as appropriate. [Required if student is suspected of having a learning disability.]
- Physical Therapy evaluation: Written report describing your child's functional gross motor skills.
- Physical Examination
- Assistive Technology
- Other Recommended Evaluations

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**Reevaluation Notification / Consent**

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The decision to \_\_\_\_\_ an evaluation of your child was based on the following:

Before we decided to \_\_\_\_\_ an evaluation, the school division considered and/or attempted the following options:

These options or strategies were rejected because:

When the assessments are completed, an eligibility/IEP meeting will be held. You will be notified of this meeting in a timely manner so that you may attend.

**Parental Response**

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I understand that I have the opportunity to participate in the consideration of the areas to be assessed. I would suggest the following areas of need be considered in assessing my child:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

I also have been given the statements prepared by the Spotsylvania County Special Services that summarize protections for students who may require special education.

These evaluations have been explained and I have been informed of my due process rights in language understandable to me. I give my consent for my child to be re-evaluated.

_____	_____
Parent/Guardian/Surrogate	Date

Please return this form to \_\_\_\_\_ at \_\_\_\_\_.

I refuse consent for my child to be evaluated.

_____	_____
Parent/Guardian/Surrogate	Date

**Comments:**

Student ID:  
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**Medical Permission**

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Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_

Dear Parents:

Medical Examinations are required for some of the students being evaluated to determine eligibility for special education or Section 504 determination.

If your child has a significant medical history, please utilize the Release/ Exchange of Confidential Information form to enable your physician to communicate and share records with our agency.

If your child has HAD a physical within the past twelve (12) months, this may be used as the medical component. Please complete Part I of the Health Information Form (MCH-213-D) and have your physician complete Part II of this form or send a copy of the complete physical to your child's school.

Sincerely,

\_\_\_\_\_  
Principal or Designee

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If your child requires a new physical, you may have your child examined by your own physician at your expense or by a Spotsylvania County Public Schools physician at no expense to you. Please check the option you prefer, sign and date.

- I prefer to have my own physician examine my child at my own expense.
- I hereby give permission to Spotsylvania County Public Schools to provide a complete medical examination for my child at no expense to me.

\_\_\_\_\_  
Parent / Guardian / Surrogate

\_\_\_\_\_  
Date

Return to Clinic Attendant/School Nurse at your child's school as soon as possible

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**Meeting Minutes**

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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. Eligibility Decision

Eligible for section 504 only  Yes  No

Eligible for special education services  Yes  No

If yes, identify educational disability:

Recommended related services:

Essential deliberations supporting the findings of the committee:

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**Meeting Minutes**

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This determination was made recognizing that sufficient instruction in reading and math was provided and the student was proficient in English as the primary language.

Summary of Recommendations Including Present Level of Performance:  
(Forwarded to the IEP Committee or Section 504 Committee)

1. Strengths:

2. Weaknesses:

3. Recommendations:

IV. Members present, their signatures and conclusions

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

_____	_____	Dissenting Opinion   <input type="checkbox"/>	_____	_____	Dissenting Opinion   <input type="checkbox"/>
	Date			Date	
_____	_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
	Date			Date	

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**Meeting Minutes**

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V. Signatures of others present

_____	_____	_____	_____
	Date		Date
_____	_____	_____	_____
	Date		Date

VI. Consent for termination of services

I understand that my child's Eligibility committee met on \_\_\_\_\_ and determined, based on a review of data obtained, that my child is no longer eligible for special education services in Spotsylvania County Public Schools.

- I give my consent for the termination of special education services for my child.
- I do not consent to the termination of special education services for my child.
- I have received a copy of my rights as a parent of a child eligible for special education services.

_____	_____
Parent/Guardian/Surrogate	Date



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**LD Addendum**

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Date: \_\_\_\_\_

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

Student's Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I. Does this student have a specific learning disability?  Yes  No  
Basis for making determination:

II. Relevant behavior noted during the observation and the relationship of that behavior to the student's academic functioning:

III. Any educationally-relevant medical findings: See eligible summary on medical-physical findings:

IV. This student does not achieve commensurate with his/her age and ability levels in one or more of the following areas when provided with learning experiences appropriate for the student's age and ability level.-

- |   |  |
|---|--|
| <input type="checkbox"/> Basic Reading Skill      | <input type="checkbox"/> Listening Comprehension |
| <input type="checkbox"/> Mathematical Calculation | <input type="checkbox"/> Mathematical Reasoning  |
| <input type="checkbox"/> Oral Expression          | <input type="checkbox"/> Reading Comprehension   |
| <input type="checkbox"/> Written Expression       | <input type="checkbox"/>                         |

This student discrepancy between ability and achievement is not primarily the result of visual, hearing, or motor disability; mental retardation; emotional disturbance; or environmental, cultural, or economic disadvantages.

V. What are the effects of any environmental, cultural, or economic disadvantage as determined by the team?

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**Prior Notice**

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

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

DOB \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (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

	Proposed	Refused
Eligible		
Not Eligible		
Change in Disability Classification		
Pending further consideration		

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

- student is eligible for special education
- student is not eligible for special education
- other

**3. Options Considered and Rejected**

- | Considered               | Rejected                 |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | attempting additional interventions/accommodations           |
| <input type="checkbox"/> | <input type="checkbox"/> | conducting additional evaluations/assessments                |
| <input type="checkbox"/> | <input type="checkbox"/> | changing the students current eligibility classification     |
| <input type="checkbox"/> | <input type="checkbox"/> | maintaining the student's current eligibility classification |
| <input type="checkbox"/> | <input type="checkbox"/> | student not eligible   |
| <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**

- eligibility components and/or eligibility committee minutes
- IEP information
- outside evaluations / assessments / tests / reports
- student progress updates / report cards
- report on behavior
- observations by
- other

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**Prior Notice**

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**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. If you, the parent(s) or adult student, need another copy of the procedural safeguards document 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 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 special education and/or the related services of \_\_\_\_\_

I give consent for the termination of special education and/or related services.

I do not consent for the termination of special education and/or related services.

I have received a copy of the Procedural Safeguards document consistent with the requirements of Individual With Disabilities Education Improvement Act of 2004 (IDEIA 2004) .

\_\_\_\_\_  
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 procedural safeguards 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 procedural safeguards under IDEA and that these rights transfer to me at age 18.

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

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

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