

**GRANT PARISH SCHOOL BOARD
PARENTAL NOTIFICATION LETTER
PRIOR WRITTEN NOTICE
BY THE LOCAL SCHOOL SYSTEM**

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.

The following arrangements have been made for the meeting:

Date: _____

Time: _____

Location: _____

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

- Discuss the results of the evaluation and documentation of the determination of eligibility.
- Develop, review, or amend an individualized education program (IEP) and 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.
- 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.

or

- Your child will be participating in the general statewide assessment (GEE), but may meet the provisional (i.e., temporary) eligibility criteria for a Certificate of Achievement and not the standard Louisiana High School Diploma. Please note that this particular policy will not be in effect after the 2007-2008 school year.
- Discuss at the IEP Team meeting, your child's possible eligibility for entering the Options (PreGED/Skills) Program. Your child must be 16 years of age or turn 16 during the year they are 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 need for special education services. Your permission is requested for the reevaluation. The evaluation procedures we plan to use include the following:
 - A review of vision and hearing screening results.
 - A review of existing evaluation data, including evaluations and information provided by you.
 - A review of your child's progress toward meeting annual goals, benchmarks and short-term objectives.
 - Interview with you, your child, your child's teacher(s) and related services provider(s).
 - A review of current classroom-based assessments and observations in appropriate settings.
 - A review of vocational and future 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 decides are necessary.

- 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
_____	_____
Other	Representative Agency
_____	_____
Other	Other

Excusal Request

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

_____	_____
(name and position)	(name and position)
_____	_____
(name and position)	(name and position)
_____	_____
(name and position)	(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. **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:

Applicable

- _____ 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) whenever a parent asks.
- _____ I have received a copy of the evaluation report and documentation of the determination of eligibility.
- _____ 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 services agency(ies) listed on page 3 because they may be responsible for providing or paying for transition services.
- _____ Give permission for you to excuse the attendance of the IEP participants as noted on page 3.

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

- _____ I request to have the IEP meeting face to face at the school.
- _____ I request to have the meeting virtual.
- _____ I request to have the meeting via phone.

Parent(s) Guardian(s) Signature

Date