

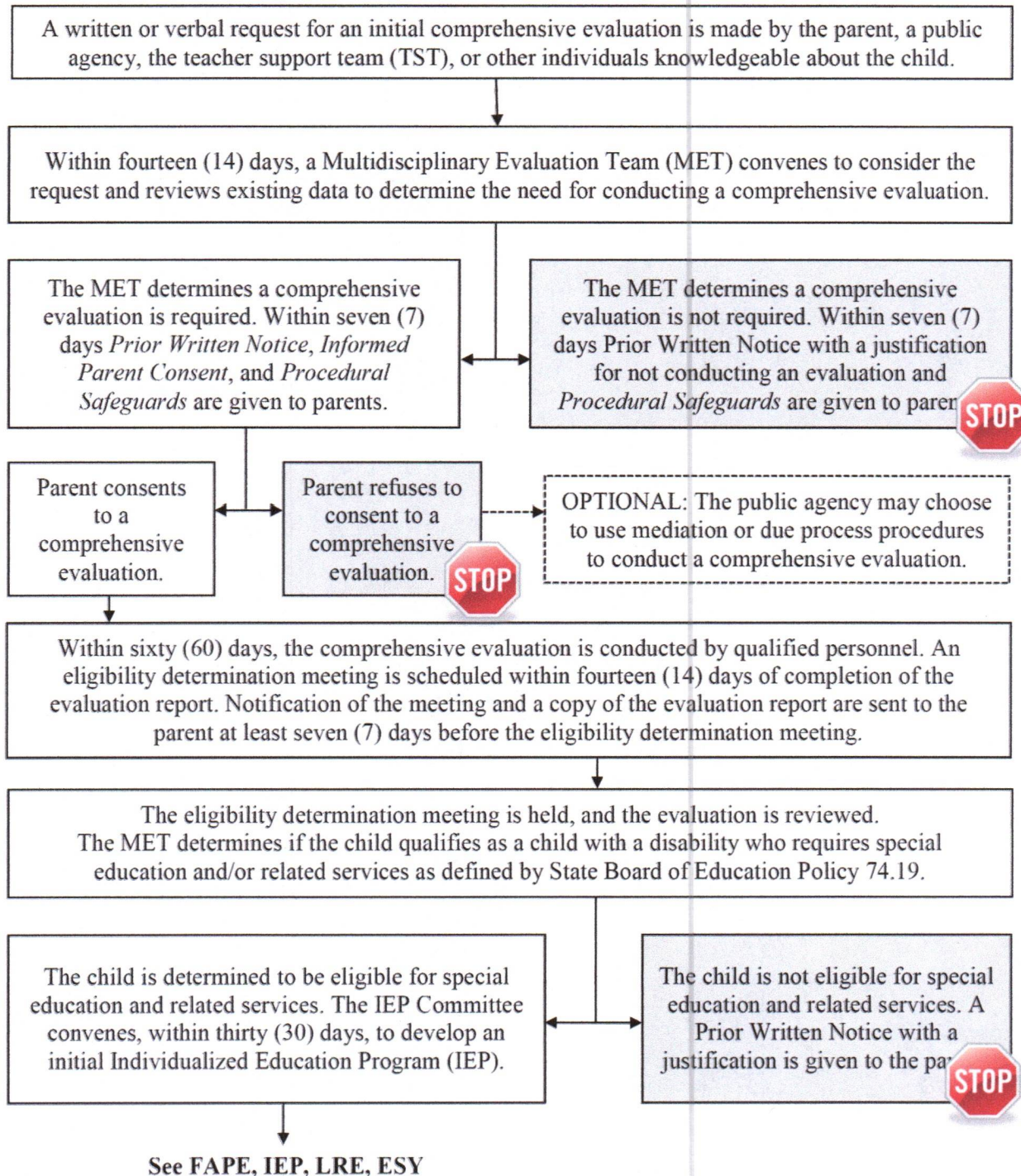
LELAND SCHOOL DISTRICT
INITIAL EVALUATION PROCEDURES,
CHECKLIST, and FORMS

Leland School District
Initial Evaluation Procedures and Checklist

Student's Name: _____ School: _____

1. School-level Child Find Contact Person completes the Child Find Request (Form CF) with the referral source (TST, Parent, Teacher) and contacts the District-level MET Chairperson to schedule a MET meeting within 14 days of the referral (This includes verbal and/or written requests)
2. School-level Child Find Contact person sends/mailes the following to the parent and documents attempts to contact parent
 - Invitation for Meeting (get with psychometrist/psychologist to schedule meeting date) (Form NC)
 - Parent Reply Form (purpose - MET) (Form PR)
 - (Make copies of documents sent to parent for file)
3. School-level Child Find Contact collects documentation for the MET/IEP meeting: (Form SDF) Teacher Narrative (Form TN), H/N results (Form HV), any other screening results, current grades, attendance and discipline records, Cumulative Record information, results from district and state tests, Developmental History for appropriate age level (Form DH1 and DH2), classroom observation (Form CO), behavior logs, universal screening assessment results (class data and student data) information and reports provided by parent, work samples, interventions in deficit areas (math, reading, language arts, behavior) with supporting documentation and results, and any other documentation that indicates the student may need an evaluation
4. MET Meeting occurs with appropriate members and the MET Chairperson ensures the team does the following:
 - Gives parent Procedural Safeguards and explains them (Form PS)
 - Reviews all documentation noted above
 - Completes MET documentation form and signatures are collected (Form MET)
 - Completes Prior Written Notice and gives to parent (check - conduct initial evaluation or refuse to conduct evaluation) (Form PWN)
 - Completes Informed Parental Consent Forms Page 1, Page 2 and obtains permission to evaluate if a comprehensive evaluation is recommended (Form PC)
 - Gives parent copies and/or keeps copies of all documents for the files
 - Ensures a signed copy of Parent Reply Form is in the file (this is the form mailed requesting written confirmation of parent's attendance)
5. Psychometrist/Psychologist, Speech Language Pathologist, and other appropriate personnel evaluate student and write reports) within 60 days of PPT and at least 7 days prior to eligibility meeting unless the parent waives the 7 day notice
- 6 .Psychometrist/Psychologist working in conjunction with the Speech Language Pathologist (Form LS) and other related services personnel calls parent to schedule MET eligibility meeting
7. Psychometrist/Psychologist sends/mailes to parent and/or communicates with School-Level Child Find Contact Person to send/mail to parent
 - Invitation to Eligibility Determination Conference (Form NC)
 - Parent Reply Form (purpose - Eligibility) (Form PR)
 - Copy of Assessment Report (date of report should be at least 7 days before date of meeting unless the parent waives the 7 days
8. Eligibility meeting is held (must be within 14 days from the date of the Assessment Report) and MET Chairperson ensures the following:
 - Assessment reports) is reviewed and eligibility determination made by committee (Form ED)
 - Completes Prior Written Notice and gives to parent (check - conduct initial evaluation or refuse to conduct evaluation) (Form PWN)

Initial Evaluation and Eligibility Flowchart



**Leland School District
Child Find Request Form**

FORM CF

PERSONAL DATA			
Child's Full Name:	Race/Ethnicity:	Gender:	DOB: _____ Age: _____
HOME AND FAMILY INFORMATION			
Parent/Guardian 1:		Parent/Guardian 2:	
Home Address:		Home Address:	
Home Phone:		Home Phone:	
Employer/Occupation:		Employer/Occupation:	
Work Phone:		Work Phone:	
Child Lives With:			
Child's Physician:		Physician's Address:	
LANGUAGE(S) SPOKEN IN THE HOME			
Is any language other than English spoken in the child's home? ☐ Yes ☐ No (skip to next section)			
Parent/Guardian's Language: _____			
Child's Language: _____			
CHILD'S EDUCATIONAL SETTING			
Does the child attend a public/private school or preschool/childcare center? ☐ Yes ☐ No (skip to next question)			
School/Center Name:		School/Center Phone:	
School/Center Address:		Teacher: Grade:	
CONCERNS FOR THE CHILD			
<i>Describe any concerns that you have about the child's development, behavior, and/or learning.</i>			
How did you hear about Child Find?			
Person Making the Request and Agency Represented:		Relation to Child:	
Requester's Address:		Requester's Phone:	
Requester's Email:		Date Request Received:	

**LELAND SCHOOL DISTRICT
INVITATION TO COMMITTEE MEETING**

FORM NC

To: _____ Date: _____

You are invited to attend a meeting regarding your child, _____
to be held _____.

Your participation is very important! This meeting must be held at a mutually agreed upon time and place. If you are not able to meet at this time or location or if you need interpreter services to participate in the meeting, please contact me using the contact listed above to reschedule the meeting at a more convenient time or location or arrange for assistance. You can also indicate your preferences on the Invitation to Committee Meeting Reply letter included.

The purpose of this meeting is (*check all that apply*):

Child Find, Evaluation, and Eligibility Determination

- ☐ To determine if your child needs a comprehensive evaluation and to plan the initial evaluation.
- ☐ To discuss your child's evaluation and to determine if your child is eligible for special education.
- ☐ To determine if your child needs additional assessment for a reevaluation and to plan the reevaluation.
- ☐ To discuss your child's reevaluation and to determine if your child continues to be eligible for special education.

Individualized Education Program [IEP]

- ☐ To develop an initial or annual IEP for your child.
- ☐ To review your child's IEP and to revise it, if necessary.
- ☐ To develop or revise your child's transition plan.
- ☐ To determine if your child needs Extended School Year (ESY) services.

Other

- ☐ To determine your child's most appropriate placement.
- ☐ To discuss disciplinary actions.
- ☐ To conduct a manifestation determination.
- ☐ To develop, review, or revise a behavior support plan.
- ☐ Other: _____

Other people who have been invited to this meeting include:

Special Education Teacher:

General Education Teacher:

Administrator:

Other:

Other:

Other:

You are an important member of this team! You are welcome to bring anyone with special knowledge or expertise about your child who can assist you at the meeting, or any information (e.g., medical records, results of outside testing, or work samples) that would help with making educational decisions for your child. Your child is also welcome to attend if you wish. You are also able to audio and/or video record this meeting, if you wish; however, you will need to give us a 24-hour notice so that we may also be able to record the meeting, have included the following important information for you:

- ☐ Invitation to Committee Meeting Reply.
- ☐ Procedural Safeguards Notice.
- ☐ Other:

Please respond to this Invitation to Committee Meeting by completing the Invitation to Committee Meeting Reply letter included and returning it to your child's school or program. If you have any additional questions or concerns, please contact me using the number above.

Sincerely,

Name/Role

Leland County School District

Parent Invitation Response Form

Name of Child: _____

Purpose of Meeting: _____

Date Sent: _____ Date/Time of Scheduled Meeting: _____

Location of Scheduled Meeting: _____

Response—

Please verify your response and return to the person below within two (2) days.

____ I will attend the meeting at the scheduled time.

____ I want to come, but cannot attend the meeting at the scheduled time. Please contact me at the number listed below to make other arrangements. I am available for the following:

Date(s): _____ Time(s): _____

____ I will not be able to attend the meeting in person, but would like to participate via telephone. Please contact me at the number listed below during the scheduled meeting time.

____ I do not wish to participate in the meeting. Please conduct the meeting without me being present, but contact me following the meeting at the number listed below.

Waiver—

Seven (7) day notice requirements (if applicable)

In accordance with State of Mississippi regulations, parents have the right to receive a copy of the assessment reports at least seven (7) days prior to the eligibility determination meeting unless the parent chooses to waive the seven (7) day timeline in writing.

____ I waive the seven (7) day timeline to receive a copy of the evaluation report.

Assistance—

Please check all of the boxes that apply.

- ☐ I would like to invite the following people: _____
- ☐ I need an interpreter to participate.
- ☐ I would like to record the meeting by video or audio recording.

Please sign here and write your phone number:_____
Parent Signature/Phone Number_____
Date**Please return this form to:**

Name/Title: _____

School: _____ Phone: _____

Leland School District Student Data Sheet

Form SDF

NAME:	MSIS:
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Reason for Referral

☐ Academic Areas ☐ Reading ☐ Mathematics ☐ Content Area: _____	☐ Behavior Complete Social/Emotional Issues Worksheet
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A. CUMULATIVE RECORD REVIEW-Each area must be addressed OR indicate as not applicable (NA)

ATTENDANCE: 1. <i>Last year</i> Days present _____ Days Absent _____ 2. <i>This year</i> Days present _____ Days Absent _____ 3. <i>Total days missed since student began school:</i> _____ 4. <i>Retentions:</i> Yr(s) _____ Gr(s) _____ 5. <i>Transfers:</i> Yr(s) _____ Gr(s) _____ 6. <i>Previous enrollment in Special Education/Section 504:</i> _____ _____	TESTING INFORMATION <i>District Achievement</i> Test: _____ Date: _____ Scores: _____ <i>Statewide Achievement</i> Test: _____ Date: _____ Scores: _____ <i>Subject Area Testing</i> Test: _____ Date: _____ Scores: _____	SCREENING <i>Hearing</i> Date: _____ Results: _____ Recheck Needed: _____ <i>Vision</i> Date: _____ Results: _____ Recheck Needed: _____ SPECIAL NEEDS:
DISCIPLINE RECORD Number of discipline reports: _____ Number of office referrals: _____ Number of Suspensions: _____ Days of ISS this year: _____ Days of OSS this year: _____	MOST RECENT ACADEMIC GRADES Letter grade/Instructional Level _____ Lanugage Arts: _____ English: _____ Reading: _____ Math: _____ Spelling: _____ Science: _____ Social Studies: _____ Health/PE: _____ Other: _____	

Leland School District Student Data Sheet

Form SDF

B. TEACHER OBSERVATIONS—For each area, rate the student in comparison to classmates using scale from 0 to 5. (If NA-use 0; in lowest 10%-use 1; below average-use 2; average-use 3; above average-use 4; in highest 10%-use 5.

Physical & Communication 1 2 3 4 5 Generally appears healthy 1 2 3 4 5 Normal energy level 1 2 3 4 5 Gross motor coordination 1 2 3 4 5 Fine motor coordination 1 2 3 4 5 Speech (articulation) 1 2 3 4 5 Spoken language 1 2 3 4 5 Written language	Participation 1 2 3 4 5 Attends school regularly 1 2 3 4 5 Arrives on time for class 1 2 3 4 5 Completes assignments 1 2 3 4 5 Concentrates and able to attend 1 2 3 4 5 Participates in class 1 2 3 4 5 Functions independently 1 2 3 4 5 Follows directions
Social 1 2 3 4 5 Age appropriate self-help skills 1 2 3 4 5 Displays appropriate feelings 1 2 3 4 5 Sensitive to social culture 1 2 3 4 5 Relates well to adults 1 2 3 4 5 Relates well to peers	Related Concerns 1 2 3 4 5 Aberrant behavior for age or school setting 1 2 3 4 5 Substance abuse 1 2 3 4 5 Inappropriate peer contacts 1 2 3 4 5 Personal hygiene 1 2 3 4 5 Dress appropriate to climate

C. ENVIRONMENTAL, CULTURAL, OR ECONOMIC FACTORS—Check all factors that apply to the student. Compare this student to the other students in your class. Use available records, interviews with parents, and other resources to obtain data.

ENVIRONMENTAL ☐ Limited experiential background ☐ Irregular attendance (absent at least 23% of the time in a grading period for reasons other than verified personal illness) ☐ Transiency in elementary school years (at least two moves in a single year) ☐ School readiness as compared to peer group	CULTURAL DISADVANTAGE ☐ Limited experience in majority-based culture (child does not participate in scouts, clubs, other organizations and activities with members of dominant culture) ☐ Child has limited involvement in organizations and activities of any culture ☐ Secondary standards in conflict with majority-based culture standards ☐ Geographic isolation	ECONOMIC DISADVANTAGE ☐ Resides in a depressed economic area ☐ Low family income at a subsistence level ☐ Family unable to afford enrichment materials and/or experiences
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Are the above-checked items compelling enough to indicate this student's educational performance is primarily due to environmental, cultural, or economic disadvantage? **YES/NO**

***Explain. Why would you say this child is different from the others in your classroom:

ENGLISH LANGUAGE LEARNER

Does this student speak English? YES/NO

Is there a language other than English spoken by the student? YES/NO

Is there a language other than English spoken in this student's home? YES/NO

(If the above information indicated the student has not always had English as their primary language, please address the following questions.)

**Leland School District
Student Data Sheet**

Form SDF

What ELL services or assistance have been provided?

ENGLISH LANGUAGE LEARNER (continued)

Do the results of evaluation by the ELL teacher indicate lack of expected progress in the English language for the student's chronological age level? IF NOT, EXPLAIN:

What is the student's current proficiency level in English? _____

Keep in mind that conversational language skills are not the same as the ability to think and reason in a language. While the student may be able to speak with peers or adults and to understand basic instructions or rules, the effects of ELL may still affect the student's ability to think and reason academically.

Attach a copy of most recent WIDA scores.

MOTOR IMPAIRMENT

Does the student experience any motor limitations which impact educational performance? If yes, explain further with summary of parent and medical reports:

MOTIVATION

Students should not be classified as having a learning disability if failure to progress academically is due to an absence of motivation. To help clarify if motivational issues are the primary cause of the student's academic deficits, please address the following questions:

Does the student want to succeed in school? Give examples to support your answer.

Does the student seek assistance from teachers, peers, others?

Does the parent report efforts made at home to complete homework or study assignments?

Is the student making an effort to learn? Explain:

Are the student's achievement scores consistent with the student's grades?

**Leland School District
Student Data Sheet**

Form SDF

SITUATIONAL TRAUMA

Situational stressors can cause daydreaming, poor memory, lack of attention, etc. which would affect educational performance. Temporary, sudden, or recent change in the student's life must be ruled out as a primary cause of academic deficits.

Has the student experienced a recent trauma? (i.e. parents divorced, illness of student or family member, death of family member or serious accident or injury, financial crisis, crime victim, etc).

Is there any other situation that could create stress or emotional upset?

SITUATIONAL TRAUMA (continued)

Has there been a significant change in the student's classroom performance within a short time (6-12 months)?

YOUNG CHILDREN (7 and younger)

There is a wide variability in the rate and pattern of maturation, development, and learning in early childhood. Developmental differences often resolve with maturation and should not be mistakenly identified as a learning disability. In addition, standardized assessment instruments are not as reliable at younger ages (before 8) and the stability of measurement can vary greatly. For students referred for a learning disability before age 8 please address the following:

What preschool education has the student received? _____

Has the student experienced adequate stimulation? _____

How much formal education has the student received? _____

What progress has been made based on measurable data? _____

Signature of Classroom Teacher

Date

Signature of Classroom Teacher

Date

Signature of Principal/TST Chairperson

Date

**LELAND SCHOOL DISTRICT
TEACHER NARRATIVE**

Form TN

PERSONAL DATA

Child's Name:	Race/Ethnicity:	Gender:	DOB:
District/School:	MSIS #:	Grade:	Age:

HOME AND FAMILY INFORMATION

Parent(s)/Guardian(s):

Language(s) Spoken in the Home

Is any language other than English spoken in the home? ☐ Yes ☐ No (skip to next section)

Language(s)	Child		Parent(s)/Guardian(s)	
	Understands	Speaks	Understands	Speaks
English				

History of Parent Contacts

Has the child's parent(s) requested a comprehensive evaluation or "testing" for the child verbally or in writing?

☐ Yes ☐ No

Have you contacted/been contacted by the child's parent(s) to discuss any concerns about the child's academic progress, development, and/or behavior? ☐ Yes ☐ No (skip to next section)

Date	Reason for Contact	Results

REFERRAL INFORMATION

Child's Strengths

Describe the child's strengths.

Reason for Referral

Describe any concerns that you have or any recent changes in the child's academic progress, development, or behavior (e.g., attendance, difficulties with school work, difficulties with adults or peers, changes in concentration or activity level, inattention, disruptive behavior, withdrawn, etc.).

Has the child ever been evaluated/assessed/tested for special education? ☐ Yes ☐ No (skip to next section)

By whom: _____ When: _____
Results: _____

COGNITIVE AND ACADEMIC CONCERNS

Please attach any applicable academic records available that highlight your concerns about the child's cognitive and/or academic progress such as State and/or districtwide assessment data (MCT scores), grade reports, universal screening data, Tier intervention records, progress monitoring charts, work samples, etc.

Cognitive Concerns

Can the child understand and follow directions? ☐ Yes ☐ No

If yes: Indicate: ☐ One-step directions only ☐ Two-step directions ☐ Multi-step directions
If no: Describe any additional support the child requires to understand and follow directions.

Describe any concerns you have about the child's cognitive abilities (e.g., memory, problem-solving, imagination, etc.).

Academic Concerns

Indicate any academic areas in which the child is having difficulties:

- | | | |
|--|---|--|
| ☐ Listening comprehension | ☐ Basic reading skills | ☐ Mathematics calculation |
| ☐ Oral expression | ☐ Reading fluency skills | ☐ Mathematics reasoning |
| ☐ Written expression | ☐ Reading comprehension | ☐ Other: _____ |

Describe the specific problems the child is having in any area(s) indicated.

Does the child know learning expectations (e.g., learning goals and demonstration of mastery)? ☐ Yes ☐ No

Describe how you communicate these expectations to the child.

Indicate all instructional methods that engage the child and support his/her successful learning:

- | | | |
|--|---|--|
| ☐ independent seatwork | ☐ whole class instruction | ☐ cooperative/small group learning |
| ☐ independent reading | ☐ whole class discussions | ☐ small group activities/projects |
| ☐ child-directed activities | ☐ highly-structured activities | ☐ one-on-one/peer-assisted learning |

Describe how the child participates in the classroom.

Can the child complete classroom assignments with typical instruction and guidance? ☐ Yes ☐ No

Describe the child's learning needs (compared to other children his/her age):

- | | | | |
|---|---|---|---|
| How much explanation does s/he need? | ☐ less than most | ☐ about the same | ☐ more than most |
| How much guided practice does s/he need? | ☐ less than most | ☐ about the same | ☐ more than most |
| How much independent practice does s/he need? | ☐ less than most | ☐ about the same | ☐ more than most |
| How much feedback does s/he need? | ☐ less than most | ☐ about the same | ☐ more than most |

Describe the child's learning behaviors (compared to other children his/her age):

- | | | | |
|---|---|---|---|
| How much initiative does s/he demonstrate? | ☐ less than most | ☐ about the same | ☐ more than most |
| How conscientious or attentive to detail is s/he? | ☐ less than most | ☐ about the same | ☐ more than most |
| How much persistence does s/he demonstrate? | ☐ less than most | ☐ about the same | ☐ more than most |
| How often does s/he ask for assistance? | ☐ less than most | ☐ about the same | ☐ more than most |

Describe any additional support(s) and/or modification(s) the child requires to complete classroom assignments.

ADAPTIVE CONCERNS

Describe any concerns you have about the child's adaptive functioning and daily living skills.

MEDICAL / PHYSICAL CONCERNS

General Health

Has the child had any significant medical conditions and/or accidents? ☐ Yes ☐ No (skip to next question)
Describe any concerns.

Does the child take any regular medications? ☐ Yes ☐ No (skip to next question)
Describe any impacts noted.

Does the child receive physical or occupational therapy? ☐ Yes ☐ No (skip to next question)

☐ PT - frequency: _____

☐ OT - frequency: _____

Hearing and Vision

Has the child been screened for hearing and/or vision? ☐ Yes ☐ No (skip to next question)

☐ Hearing only

☐ Vision only

☐ Hearing and vision

Hearing results: _____

Vision results: _____

Does the child use devices to assist with hearing or vision? ☐ Yes ☐ No (skip to next question)

☐ Hearing aids (when acquired: _____) ☐ Glasses (when acquired: _____)

Describe any concerns you have about the child's hearing or vision.

Motor Skills

Describe any concerns you have about the child's gross motor skills, fine motor skills, and/or physical development.

COMMUNICATION CONCERNS

Does the child receive speech or language therapy? ☐ Yes ☐ No (skip to next question)

Frequency: _____

Does the child seem to understand what is said to her/him? ☐ Yes (skip to next question) ☐ No

Explain:

Does the child express his/her wants/needs/ideas/feelings appropriately for her/his age?

☐ Yes (skip to next question) ☐ No

Explain:

Does the child misarticulate speech (e.g., omissions, substitutions, distortions, additions)?

☐ Yes ☐ No (skip to next question)

Explain:

Describe any additional concerns you have about the child's language or speech development and skills (e.g., voice is always hoarse/harsh/breathy, voice is too loud/soft, speaks too fast/slow, stuttering, etc.).

SOCIAL, EMOTIONAL, AND BEHAVIORAL CONCERNS

Please attach any applicable behavioral records that highlight your concerns about the child's social/emotional/behavioral progress such as attendance records, office referrals, disciplinary actions, universal screening data, Tier intervention records, progress monitoring charts, behavior intervention plans, etc.

Does the child know the classroom rules and behavior expectations? ☐ Yes ☐ No

Describe how you communicate these rules and expectations to the child.

Does the child receive social skills instruction or counseling services? ☐ Yes ☐ No (skip to next question)

☐ social skills instruction - frequency: _____

☐ counseling services - frequency: _____

Indicate if the child has had any of the following difficulties:

- | | | |
|---|---|---|
| ☐ Difficulty making friends | ☐ Being a victim of teasing/bullying | ☐ Engaging in teasing/bullying behavior |
| ☐ Aggression/fighting | ☐ Anxious in groups of people | ☐ Fearful of speaking in social settings |
| ☐ Withdrawn or keeps to self | ☐ Inflexible/difficulty compromising | ☐ Insensitive to others' emotions/needs |
| ☐ Does not speak in class | ☐ Refrains from physical contact | ☐ Does not interact well in groups |

Describe any concerns you have about the child's ability to get along with peers.

Indicate if the child has had any of the following difficulties:

- | | | |
|---|--|---|
| ☐ Extremely fearful or nervous | ☐ Cries easily or whines frequently | ☐ Frequently complains of aches/pains |
| ☐ Depressed or very unhappy | ☐ Easily frustrated | ☐ Explosive/angry outbursts |
| ☐ Self-injurious (e.g., cutting) | ☐ Suicidal thoughts | ☐ Obsessive/compulsive behaviors |
| ☐ Unwarranted self-blame/criticism | ☐ Out of touch with reality | ☐ Repetitive behaviors (e.g., rocking) |

Describe any concerns you have about the child's emotional functioning.

Describe the child's behavior (compared to other children his/her age):

- | | | | |
|---|--|---|---|
| How active is the child? | ☐ less active than others | ☐ about the same | ☐ more active |
| How well does the child pay attention? | ☐ less distracted than others | ☐ about the same | ☐ easily distracted |
| How does the child handle change? | ☐ handles change easily | ☐ about the same | ☐ resists change |
| How does the child respond to new things? | ☐ readily accepts new things | ☐ about the same | ☐ resists new things |
| How strongly are the child's emotions? | ☐ passive/indifferent | ☐ about the same | ☐ very intense |
| How moody is the child? | ☐ very easygoing | ☐ about the same | ☐ very changeable |
| How predictable is the child? | ☐ unpredictable | ☐ about the same | ☐ rigid routines |

Indicate if the child has had any of the following difficulties:

- | | | |
|--|--|---|
| ☐ Stealing or lying | ☐ Suspected gang involvement | ☐ Defiance/oppositional behavior |
| ☐ Suspected drug/alcohol abuse | ☐ Abusive to others | ☐ Destructive behavior |
| ☐ Denies mistakes/blames others | ☐ Cheating on assignments/tests | ☐ Truancy/cuts classes |

Describe any additional concerns you have about the child's behavior.

Disciplinary Actions

Has the child ever:

- ☐ been suspended from school (indicate the reason for each suspension and the total days of each suspension)
- | | |
|-----------------|-------------|
| - reason: _____ | days: _____ |
| - reason: _____ | days: _____ |
| - reason: _____ | days: _____ |
| - reason: _____ | days: _____ |
- ☐ been expelled from school (indicate the reason for expulsion and the amount days of expulsion)
- | | |
|-----------------|-------------|
| - reason: _____ | days: _____ |
| - reason: _____ | days: _____ |

ADDITIONAL INFORMATION

Please attach any additional information that would help us understand the child and his/her difficulties better.

Form completed by _____

Date completed _____

(OPTIONAL FORM) Characteristics: Please check those characteristics that the student exhibits consistently and in relation to the other students in your classroom. If the child exhibits none of the characteristics, check "no problems observed." Please circle the appropriate characteristic(s) if there are multiple options per item. Written explanation and/or additional explanation may be requested at the MET meeting.

General Physical ☐ No problems noted.		
Always complains of feeling sick	Takes prescription medicine	Has improper eye movements
Is continually thirsty	Wears glasses	Seizures observed in classroom
Has fluid draining from ears	Complains of double/blurred vision	Often has bruises on body
Wears hearing aids	Frequently squints/rubs eyes	Tics – involuntary movements/noises
Has frequent earaches	Eating problems	Has a serious illness
Complains of not being able to see the board	Holds printed material too close/too far away	Health problems that require special care
Other (Specify):		

Gross Motor ☐ No problems noted.		
Difficulty going up/down stairs, alternating feet	Difficulty throwing a ball	Has unusual gait
Problems with lower body motor movement	Difficulty catching a ball	Problems with balancing
Problems with upper body motor movement	Difficulty hopping, skipping, or jumping	Uses walker/wheelchair
Other (Specify):		

Fine Motor ☐ No problems noted.		
Problems with reaching/retaining motions	Problems with grasping reflex	Difficulty copying letters/numbers/words
Cannot transfer objects hand to hand	Difficulty holding crayon/pencil	Difficulty spacing
Difficulty cutting paper with scissors	Difficulty building a tower of blocks	Other (Specify):
Difficulty tying/buttoning/zippping	Difficulty staying in lines when writing	

Social Skills ☐ No problems noted.		
Rarely interacts with others	Engages in rocking/repetitive movements	Does not join in group
Is frequently alone at lunch/recess	Unaware/takes no interest in other people	Does not share with others
Is frequently teased by others	Does not recognize another's feelings	Does not apologize
Usually withdraws from touch	Cannot deal with being left out	Does not express own feelings
Does not ask for help	Does not accept "no" as an answer	Other (specify):
Does not look at person talking	Does not accept consequences of own actions	

Adaptive Behavior ☐ No problems noted.		
Need for a high degree of supervision	Unable to wash/dry hands independently	Not toilet trained
Immature for his/her age	Inadequate skills in exchange of money	Inadequate skills in telling time
Has only younger playmates	Inadequate skills in using telephone	
Constant thumb/finger sucking	Does not engage in independent community skills	
Constant hair chewing	Inadequate skills in appropriate personal hygiene	
Difficulty feeding self	Lacks daily living skills such as sweeping, mopping, using washer/dryer, etc.	
Other (Specify):		

Behavior ☒ No problems noted.			
Unable to interact with minimal friction	Frequently quarrels, pouts, or sulks	Difficulty staying on task	
Denies mistakes/blames others	Insults other students/adults	Easily frustrated	
Prefers to be alone or isolated	Acts before thinking/impulsive	Easily loses temper	
Frequently found to be untruthful	Yells at other students/adults	Teases others	
Mute/refuses to speak	Fails to complete assignments	Bullies others	
Threatens other students	Fails to turn in homework	Interrupts others	
Puts down peers	Refuses to complete work	Fails to bring materials to class	
Difficulty paying attention to a task, extracurricular activity, or academics			
Disciplinary actions have been initiated by principal or other school authorities			
Oppositional/resistant/noncompliant/negative/defiant			
Disciplinary actions initiated through juvenile court system			
Other (Specify):			

Emotional ☒ No problems noted.			
Upset by ANY change in routine	Talks about suicide or death wishes	Unresponsiveness	
Pronounced fear of failure	Exhibits unwarranted self-blame/self-criticism	Shows excessive fears of specific objects	
Irritable for greater part of day	Performs obsessive/compulsive behaviors	Engages in self-destructive behaviors	
Appears withdrawn from peers	Changes mood for no apparent reason	Rarely laughs or smiles	
Depressed for most of the day	Creates imaginary/fantasy situations in an attempt to escape reality		
Has attempted suicide	Tells of extremely strange/illogical thoughts or fears		
Has experienced significant changes in activity levels or concentration or school grades or interests			
Other (Specify):			

Receptive Language ☒ No problems noted.			
Difficulty comprehending new ideas	Does not understand vocabulary words related to the curriculum		
Does not comprehend questions	Does not understand age-appropriate vocabulary		
Does not understand spoken directions	Does not understand information in class that is presented orally		
Cannot identify simple objects	Does not follow multi-step directions		
Does not demonstrate use of position words such as on, under, front, behind, beside, over, etc.			
Other (Specify):			

Expressive Language ☒ No problems noted.			
Difficulty organizing thoughts	Nonverbal	Uses oral grammar incorrectly	
Does not use age appropriate grammar	Difficulty asking questions	Hesitant to engage in verbal interaction	
Difficulty finding the right words	Silent much of the time	Difficulty giving directions	
Does not tell definitions of words	Cannot retell a story	Difficulty telling a story	
Difficulty putting thoughts down on paper	Does not use spoken compound sentences	Does not name objects/actions in pictures	
Uses immature words	Uses immature sentence patterns		
Verbal responses do not relate to questions asked or subject under discussion			
Other (Specify):			

Speech ☒ No problems noted.					
Articulation		Voice		Fluency	
Substitutes one sound for another		Too loud or too soft		Rate of delivery too fast or too slow	
Omits sounds		Consistently hoarse/harsh/breathy		Disruption in normal flow of speech	
Distorts sounds		Nasal sounding – like a constant cold		Words prolonged	
Difficulty sequencing sounds		Pitch too high or too low		Excessive repetition syllable/sound/word	
Difficult to understand		Voice "lost" by end of or during day		Interferes with daily communication	
Able to self-correct errors		Quality makes difficult to understand		Inserts unnecessary words into speech	
Uses dialect		Quality resulting from culture			
If additional characteristics are noted in any area of speech, please specify:					

Visual Perception ☒ No problems noted.			
Visual tracking difficulties	Transposes letters	Prefers auditory activities	
Visually confuses objects/letters/numbers	Confuses left to right on pencil/paper activities	Difficulty identifying shapes in various sizes and positions	
Difficulty discriminating between words with similar appearance	Difficulty completing missing details in objects or pictures	Difficulty in copying assignments from board to desk/book to paper	
Continues to demonstrate difficulty in reversing or inverting letters of alphabet after age 6			
Other (Specify):			

Auditory Perception ☒ No problems noted.	
Difficulty understanding spoken directions	Does not orally form phrase/sentence correctly
Difficulty sounding out word, sound by sound	Does not retain auditory stimuli
Difficulty identifying rhyming words	Other (Specify):
Difficulty sequencing syllables/letters in speaking and/or reading and/or oral spelling	

LELAND SCHOOL DISTRICT
Form TN

LELAND SCHOOL DISTRICT HEARING/VISION SCREENING REPORT

PERSONAL DATA

Child's Name:	Race/Ethnicity:	Gender:	DOB:
District/School:	MSIS #:	Grade:	Age:

PART I – INSTRUMENTAL ASSESSMENT

A. HEARING SCREENING

Instrument:

	1 st Screening		2 nd Screening	
1000 Hz / 25 dB	L Ear		L Ear	
	R Ear		R Ear	
2000 Hz / 25 dB	L Ear		L Ear	
	R Ear		R Ear	
4000 Hz / 25 dB	L Ear		L Ear	
	R Ear		R Ear	
Optional:	L Ear		L Ear	
	R Ear		R Ear	
Hearing	PASS		PASS	
EXAMINER				
DATE				

B. VISION SCREENING

Instrument:

	1 st Screening		2 nd Screening	
Screened wearing glasses?	YES		YES	
	NO		NO	
Near Vision (Both Eyes)	PASS		PASS	
	FAIL		FAIL	
Far Vision	Left Eye	/	Left Eye	/
	Right Eye	/	Right Eye	/
	Both Eyes	/	Both Eyes	/
	PASS		PASS	
	FAIL		FAIL	
EXAMINER				
DATE				

PART II – FUNCTIONAL ASSESSMENT – TO BE COMPLETED BY SOMEONE FAMILIAR WITH THE CHILD

A. HEARING	YES	NO
1. Does the child respond to his or her name when called?		
2. Does the child respond to a noise that occurs out of his or her line of sight (e.g., ringing bell or jingling keys)?		
3. Does the child interact with others verbally?		
4. Can the child identify a body part when requested to do so verbally?		
5. Does the child respond to simple verbal commands?		
6. Can the child point to a person or objects when asked?		
7. Does the child imitate the speech of others?		
8. Does the child turn his or her eyes and/or head toward a voice?		
9. Does the child react when told "No!"? (NOTE: Compliance is not required.)		
10. Does the child attend to music or songs sung to him or her?		
EXAMINER		
DATE		

B. VISION	YES	NO
1. Does the child follow an object with his or her eyes?		
2. When using a drawing/writing implement (e.g., pencil, crayon, or paintbrush) does the child follow markings with his or her eyes?		
3. Does the child pick up objects placed on a table or the floor?		
4. Does the child reach for objects being handed to him or her?		
5. Does the child reach for objects unaided or without direction from teacher?		
6. Does the child look at an object or scan an image placed in front of him or her?		
7. Does the child look at pictures in a book?		
8. Does the child turn his or her eyes and/or head toward a light that is introduced?		
9. Does the child watch his or her own hand movements?		
10. Does the child look at himself or herself in a mirror?		
11. Does the child turn his or her eyes and/or head to search for an object moved out of his or her line of sight?		
EXAMINER		
DATE		

Describe additional behaviors in hearing/vision that should be considered in assessment and educational programming:

LELAND SCHOOL DISTRICT DEVELOPMENTAL HISTORY (Ages 3 – 9)

NOTE: The information collected on this form will be used by your child's school to help them determine your child's educational needs. It is not required for you to complete this form. If there are any questions you do not wish to answer or you feel uncomfortable answering, feel free to leave them blank. Please include any information you think will help us in understanding your child.

Informant:		Relationship to the Child:	
PERSONAL DATA			
Child's Name:	Race/Ethnicity:	Gender:	DOB:
District/School:	MSIS #:	Grade:	Age:
HOME AND FAMILY INFORMATION			
Parent(s)/Guardian(s):			Age:
Home Address:		Home Phone:	
Employer/Occupation:		Work Phone:	
Child lives with:	☐ Birth Parent(s) ☐ Grandparent(s)	☐ Adoptive Parent(s) ☐ Foster Parent(s)	☐ Parent and Step-Parent ☐ Other: _____
Persons Living in the Home			
Name	Age	Gender	Relationship
1.			
2.			
3.			
4.			
5.			
6.			
Special Needs			
☐ Yes ☐ No			
Language(s) Spoken in the Home			
Is any language other than English spoken in the home? ☐ Yes ☐ No (skip to next section)			
Language(s)	Child		Parent(s)/Guardian(s)
	Understands	Speaks	Understands Speaks
English			
Your Child's Strengths			
Describe your child's strengths.			

Concerns for Your Child

Describe any concerns that you have or any recent changes in your child's development, behavior, or learning (e.g., missing developmental milestones, inattention, angry outbursts, withdrawn, difficulty learning information).

Life Events or Family Transitions

Describe any major life events or changes in the family situation that may have affected your child (e.g., abuse, accidents, change in guardianship, death of a family member, divorce, economic hardship, family move, natural disasters, remarriage, separations, etc.).

MEDICAL / PHYSICAL DEVELOPMENT**Birth History**

Mother's age at birth: _____ years Mother received prenatal care during pregnancy? ☐ Yes ☐ No

Were there any complications during pregnancy or delivery? ☐ Yes ☐ No (skip to next question)

- | | | |
|--|--|--|
| ☐ High blood pressure/toxemia | ☐ Maternal injury/illness | ☐ Exposure to alcohol/cigarettes /drugs |
| ☐ Rubella/German measles | ☐ Gestational diabetes | ☐ Emergency C-section |
| ☐ Premature (___ weeks gestation) | ☐ Low birth weight (indicate one: ☐ <2.3 lbs. ☐ 2.3-3.3lbs ☐ 3.4-5.4 lbs.) | |
| ☐ Other: _____ | | |

Did your child have an extended stay in the hospital after birth? ☐ Yes ☐ No (skip to next question)

Length of time: ☐ < one week ☐ one to four weeks ☐ one month or more (___ months)

Reason: _____

General Health

Has your child been hospitalized or had any significant operations? ☐ Yes ☐ No (skip to next question)

Explain: _____

Has your child had any significant medical conditions or illnesses? ☐ Yes ☐ No (skip to next question)

- | | | |
|---|---|---|
| ☐ Eye or vision problems | ☐ Heart problems | ☐ Hydrocephalus, hemorrhages, and/or shunt |
| ☐ Ear infections and/or ear tubes | ☐ Seizures/neurological issues | ☐ Allergies (specify: _____) |
| ☐ Asthma or breathing difficulties | ☐ Significant infections (e.g., meningitis, encephalitis, etc.) or high fevers | |
| ☐ Other: _____ | | |

Has your child had any significant accidents/injuries (e.g., head injuries)? ☐ Yes ☐ No (skip to next question)

- | | | |
|--|---|--|
| ☐ Motor vehicle accident(s) | ☐ Fall-related injury(ies) | ☐ Significant blow(s) to the head |
|--|---|--|

☐ Other: _____

Explain: _____

Has your child had any difficulties or disorders with the following? ☐ Yes ☐ No (skip to next question)

- | | | |
|--|--|---|
| ☐ Eating difficulties/disorders | ☐ Sleeping difficulties/disorders | ☐ Toileting difficulties/disorders |
|--|--|---|

Explain: _____

Is your child currently being treated for a medical condition? ☐ Yes ☐ No (skip to next question)

Does your child have a regular healthcare provider/medical home? ☐ Yes ☐ No

When was your child's last visit to a healthcare provider? Indicate one: ☐ <6 months ☐ 6-12 months ☐ >1 year

May we access your child's medical records? ☐ Yes (please complete a release form) ☐ No

Is your child currently taking any medications? ☐ Yes ☐ No

Explain: _____

Has your child ever received speech, physical, or occupational therapy? ☐ Yes ☐ No (skip to next question)

Explain: _____

Hearing and Vision

Has your child ever had his/her hearing and/or vision tested? ☐ Yes ☐ No (skip to next question)

☐ Hearing only

☐ Vision only

☐ Hearing and vision

Hearing results: _____

Vision results: _____

Does your child require devices to assist with hearing or vision? ☐ Yes ☐ No (skip to next question)

☐ Hearing aids (when acquired: _____)

☐ Glasses (when acquired: _____)

Motor Development

Describe any concerns you have about your child's gross motor skills (e.g., walking, hopping, jumping, running, climbing stairs, kicking balls, etc.).

Describe any concerns you have about your child's fine motor skills (e.g., writing or coloring, working buttons/zippers, tying shoes, cutting, etc.).

Describe any additional concerns you have about your child's physical development.

EDUCATIONAL BACKGROUND

Has your child ever attended a preschool program or childcare center? ☐ Yes ☐ No (skip to next question)

Name: _____

Phone: _____

Address: _____

Teacher: _____

Describe any difficulties your child has had with learning activities.

Has your child ever been evaluated/assessed/tested for learning difficulties? ☐ Yes ☐ No (skip to next section)

By whom: _____

When: _____

Results: _____

COGNITIVE / ADAPTIVE DEVELOPMENT

Can your child follow directions? ☐ Yes ☐ No (skip to next question)

☐ One-step directions only

☐ Two-step directions

☐ Multi-step directions

Does your child know any of the following information about him/herself?

☐ Name

☐ Age

☐ Gender

☐ Parent(s) name(s)

☐ Address

☐ Home phone number

Does your child:

☐ Identify parts of the body

☐ Identify colors

☐ Count (highest number: _____)

☐ Identify letters of the alphabet

☐ Play with building toys/puzzles

☐ Identify size (e.g., big, little, tall, short, etc.)

☐ Looks at books independently

☐ Enjoy being read to

☐ Identify shapes (e.g., circle, square, etc.)

☐ Recognize written words

☐ Read books independently

☐ Identify money (e.g., dime, quarter, dollar)

Does your child independently:

☐ Drink from a cup without spilling

☐ Dress self completely

☐ Use toilet without accidents during day

☐ Eat with a spoon and fork

☐ Put shoes on correct feet

☐ Use toilet without accidents during night

☐ Brush hair and teeth

☐ Put on a coat/jacket

☐ Clean table/space after eating/activity

☐ Bathe self

☐ Make up bed

☐ Cross the street safely

Describe any additional concerns you have about your child's thinking or daily living skills.

COMMUNICATION DEVELOPMENT

Does your child seem to understand what is said to her/him? ☐ Yes (skip to next question) ☐ No

Explain:

How does your child communicate?

- ☐ Gestures only ☐ Gestures and some speech ☐ Primarily speech with some gestures

Does your child...

- ☐ Make up stories/songs ☐ Talk about daily activities ☐ Use "me," "you," plurals, and past tense

Who can understand what your child says? (check all that apply)

- ☐ Family/caregivers ☐ Other children ☐ Unfamiliar adults

Describe any additional concerns you have about your child's language or speech skills.

SOCIAL / EMOTIONAL DEVELOPMENT

In the first three years, was/did your child:

- ☐ Difficult to calm/comfort ☐ Resist being cuddled ☐ Show fascination with specific objects
☐ Excessively irritable ☐ Fail to make eye contact ☐ Engage in frequent head banging
☐ Have poor sleep routines ☐ Fail to look at caregivers ☐ Difficult to feed/nurse

If any of these behaviors have continued beyond age 3, give an example:

Describe your child's behavior (compared to other children his/her age):

- | | | | |
|--|--|---|---|
| How active is your child? | ☐ less active than others | ☐ about the same | ☐ more active |
| How well does your child pay attention? | ☐ less distracted than others | ☐ about the same | ☐ easily distracted |
| How does your child handle change? | ☐ handles change easily | ☐ about the same | ☐ resists change |
| How does your child respond to new things? | ☐ readily accepts new things | ☐ about the same | ☐ resists new things |
| How strong are your child's emotions? | ☐ passive/indifferent | ☐ about the same | ☐ very intense |
| How moody is your child? | ☐ very easygoing | ☐ about the same | ☐ very changeable |
| How predictable is your child? | ☐ unpredictable | ☐ about the same | ☐ rigid routines |

Indicate if your child has had any of the following difficulties:

- | | | |
|--|---|--|
| ☐ Refuses to follow directions | ☐ Withdrawn or keeps to self | ☐ Cries easily or whines frequently |
| ☐ Aggression/fighting | ☐ Extremely fearful or nervous | ☐ Explosive outbursts or impulsive |
| ☐ Cruelty to animals | ☐ Depressed or very unhappy | ☐ Stealing or lying |
| ☐ Destructive behavior/starts fires | ☐ Easily frustrated | ☐ Frequently complains of aches/pains |

For any difficulties identified, give an example:

Does your child play with siblings or other children? ☐ Yes ☐ No (skip to next question)

Describe how your child plays with siblings or other children?

- ☐ plays near—not with—others (e.g., dolls, cars) ☐ plays together with others (e.g., chase/tag games)
☐ plays turn-taking games (e.g., hide-and-seek, hopscotch) ☐ plays games with rules (e.g., board games, sports)
☐ plays make-believe or role-playing games (e.g., playing house, cops and robbers, recreating scenes from movies)

Describe any additional concerns you have about your child's social-emotional development or behavior.

ADDITIONAL INFORMATION

Please provide any additional information that would help us understand your child better.

What is the best day and time to contact you?

What is the best day and time to arrange a meeting with you?

Form completed by _____

Date completed _____

LELAND SCHOOL DISTRICT DEVELOPMENTAL HISTORY (Ages 10 – 21)

NOTE: The information collected on this form will be used by your child's school to help them determine your child's educational needs. It is not required for you to complete this form. If there are any questions you do not wish to answer or you feel uncomfortable answering, feel free to leave them blank. Please include any information you think will help us in understanding your child.

Informant:		Relationship to the Child:			
PERSONAL DATA					
Child's Name:		Race/Ethnicity:		Gender:	DOB:
District/School:		MSIS #:		Grade:	Age:
HOME AND FAMILY INFORMATION					
Parent(s)/Guardian(s):					Age:
Home Address:				Home Phone:	
Employer/Occupation:				Work Phone:	
Child lives with:	☐ Birth Parent(s) ☐ Grandparent(s)		☐ Adoptive Parent(s) ☐ Foster Parent(s)		☐ Parent and Step-Parent ☐ Other: _____
Persons Living in the Home					
	Name	Age	Gender	Relationship	Special Needs
1.					☐ Yes ☐ No
2.					☐ Yes ☐ No
3.					☐ Yes ☐ No
4.					☐ Yes ☐ No
5.					☐ Yes ☐ No
6.					☐ Yes ☐ No
Language(s) Spoken in the Home					
Is any language other than English spoken in the home? ☐ Yes ☐ No (skip to next section)					
Language(s)	Child		Parent(s)/Guardian(s)		
	Understands	Speaks	Understands	Speaks	
English					
Your Child's Strengths					
Describe your child's strengths.					

Concerns for Your Child

Describe any concerns that you have or any recent changes in your child's behavior, learning, or functioning (e.g., inattention, angry outbursts, withdrawn, difficulties with school work, difficulties with adults or peers, etc.).

Life Events or Family Transitions

Describe any major life events or changes in the family situation that may have affected your child (e.g., abuse, accidents, change in guardianship, death of a family member, divorce, economic hardship, family move, natural disasters, remarriage, separations, etc.).

Describe any involvement your child has had with State/local agencies (e.g., mental health, human services, juvenile justice, etc.).

MEDICAL / PHYSICAL**Developmental**

Describe any problems in birth or early childhood that may have impacted your child's development.

General Health

Has your child been hospitalized or had any significant operations? ☐ Yes ☐ No (skip to next question)

Explain: _____

Has your child had any significant medical conditions or illnesses? ☐ Yes ☐ No (skip to next question)

- | | | |
|---|---|---|
| ☐ Eye or vision problems | ☐ Heart problems | ☐ Hydrocephalus, hemorrhages, and/or shunt |
| ☐ Ear infections and/or ear tubes | ☐ Seizures/neurological issues | ☐ Allergies (specify: _____) |
| ☐ Asthma or breathing difficulties | ☐ Significant infections (e.g., meningitis, encephalitis, etc.) or high fevers | |
| ☐ Other: _____ | | |

Has your child had any significant accidents/injuries (e.g., head injuries)? ☐ Yes ☐ No (skip to next question)

- | | | |
|--|---|--|
| ☐ Motor vehicle accident(s) | ☐ Fall-related injury(ies) | ☐ Significant blow(s) to the head |
|--|---|--|

☐ Other: _____

Explain: _____

Has your child had any difficulties or disorders with the following? ☐ Yes ☐ No (skip to next question)

- | | |
|--|--|
| ☐ Eating difficulties/disorders | ☐ Sleeping difficulties/disorders |
|--|--|

Explain: _____

Is your child currently being treated for a medical condition? ☐ Yes ☐ No (skip to next question)

Does your child have a regular healthcare provider/medical home? ☐ Yes ☐ No

When was your child's last visit to a healthcare provider? Indicate one: ☐ <6 months ☐ 6-12 months ☐ >1 year

May we access your child's medical records? ☐ Yes (please complete a release form) ☐ No

Is your child currently taking any medications? ☐ Yes ☐ No

Explain: _____

Has your child ever received physical or occupational therapy? ☐ Yes ☐ No (skip to next question)

Explain: _____

Hearing and Vision

Does your child have normal hearing and vision? ☐ Yes (skip to next question) ☐ No

☐ Problems with hearing only ☐ Problems with vision only ☐ Problems with hearing and vision

Hearing difficulties: _____

Vision difficulties: _____

Does your child require devices to assist with hearing or vision? ☐ Yes ☐ No (skip to next question)

☐ Hearing aids (when acquired: _____) ☐ Glasses (when acquired: _____)

Physical Functioning

Describe any concerns you have about your child's physical functioning.

EDUCATIONAL / COGNITIVE

Can your child follow multi-step directions? ☐ Yes ☐ No (skip to next question)

Does your child regularly need:

☐ significant help with homework ☐ afterschool tutoring ☐ significant help organizing their school work
☐ follow-up to ensure s/he completes homework ☐ instructions or directions to be repeated or explained

Indicate any areas that your child has difficulties with:

☐ Getting along with teachers ☐ Basic math calculations ☐ Reading aloud, pronouncing words
☐ Planning ahead/solving problems ☐ Figuring money, time, etc. ☐ Understanding what s/he reads
☐ Other: _____
☐ Other: _____

Describe any difficulties your child has with thinking or learning activities.

Has your child ever been evaluated/assessed/tested for learning difficulties? ☐ Yes ☐ No (skip to next section)

By whom: _____ When: _____

Results: _____

ADAPTIVE

Does your child independently:

☐ Groom his/herself appropriately ☐ Run errands for the family ☐ Take care of his/her possessions
☐ Complete chores at home ☐ Handle money/make change ☐ Take care of younger siblings or relatives

Describe any concerns you have about your child's daily living skills.

COMMUNICATION

Indicate any areas that your child has difficulties with:

☐ Articulation (e.g., pronouncing sounds and words) ☐ Receptive language (e.g., understanding what others say)
☐ Expressive language (e.g., express thoughts and feelings)

Describe any concerns you have about your child's language or speech skills.

Has your child ever received language/speech therapy? ☐ Yes ☐ No (skip to next question)

Explain: _____

SOCIAL / EMOTIONAL / BEHAVIORAL

Indicate if your child has had any of the following difficulties:

- | | | |
|---|---|---|
| ☐ Difficulty making friends | ☐ Being a victim of teasing/bullying | ☐ Engaging in teasing/bullying behavior |
| ☐ Aggression/fighting | ☐ Anxious in groups of people | ☐ Fearful of speaking in social settings |
| ☐ Withdrawn or keeps to self | ☐ Inflexible/difficulty compromising | ☐ Insensitive to others' emotions/needs |

Describe any concerns you have about your child's ability to get along with peers.

Indicate if your child has had any of the following difficulties:

- | | | |
|---|--|--|
| ☐ Extremely fearful or nervous | ☐ Cries easily or whines frequently | ☐ Frequently complains of aches/pains |
| ☐ Depressed or very unhappy | ☐ Easily frustrated | ☐ Explosive/angry outbursts |
| ☐ Self-injurious (e.g., cutting) | ☐ Suicidal thoughts | ☐ Obsessive/compulsive behaviors |

Describe any concerns you have about your child's emotional functioning.

Has your child ever received counseling services? ☐ Yes ☐ No (skip to next question)

Explain: _____

Describe your child's behavior (compared to other children his/her age):

- | | | | |
|--|--|---|---|
| How active is your child? | ☐ less active than others | ☐ about the same | ☐ more active |
| How well does your child pay attention? | ☐ less distracted than others | ☐ about the same | ☐ easily distracted |
| How does your child handle change? | ☐ handles change easily | ☐ about the same | ☐ resists change |
| How does your child respond to new things? | ☐ readily accepts new things | ☐ about the same | ☐ resists new things |
| How strong are your child's emotions? | ☐ passive/indifferent | ☐ about the same | ☐ very intense |
| How moody is your child? | ☐ very easygoing | ☐ about the same | ☐ very changeable |
| How predictable is your child? | ☐ unpredictable | ☐ about the same | ☐ rigid routines |

Indicate if your child has had any of the following difficulties:

- | | | |
|---|---|--|
| ☐ Stealing or lying | ☐ Gang involvement | ☐ Defiance/oppositional behavior |
| ☐ Drug/alcohol abuse | ☐ Cruelty to animals | ☐ Destructive behavior/starts fires |

Has your child:

- ☐ skipped school repeatedly or had a truancy officer contacted to address lack of school attendance
- ☐ been suspended from school *[indicate the reason for each suspension and the total days of each suspension]*
- | | |
|-----------------|-------------|
| - reason: _____ | days: _____ |
| - reason: _____ | days: _____ |
| - reason: _____ | days: _____ |
| - reason: _____ | days: _____ |
| - reason: _____ | days: _____ |
- ☐ been expelled from school *[indicate the reason for expulsion and the amount days of expulsion]*
- | | |
|-----------------|-------------|
| - reason: _____ | days: _____ |
| - reason: _____ | days: _____ |
| - reason: _____ | days: _____ |

Describe any concerns you have about your child's behavior.

ADDITIONAL INFORMATION

Please provide any additional information that would help us understand your child better.

What is the best day and time to contact you?

What is the best day and time to arrange a meeting with you?

Form completed by _____

Date completed _____

LELAND SCHOOL DISTRICT CLASSROOM OBSERVATION

PERSONAL DATA

Name:	MSIS #:	DOB:
District:	School:	Grade:

AREA(S) OF CONCERN

Indicate any academic area(s) of concern:

- ☐ Listening comprehension
☐ Oral expression
☐ Written expression
☐ Basic reading skills
☐ Reading fluency skills
☐ Reading comprehension
☐ Mathematics calculation
☐ Mathematics reasoning
☐ Other: _____
☐ Other: _____

Indicate any behavioral area(s) of concern:

- ☐ Inattention, hyperactivity, and/or impulsivity
☐ Planning ahead/problem solving
☐ Social interaction/social problem solving
☐ Externalizing emotional/behavioral concerns (e.g., disruptive behaviors or explosive outbursts)
☐ Internalizing emotional/behavioral concerns (e.g., withdrawn, fearful, or depressed)
☐ Other: _____
☐ Other: _____
☐ Other: _____

OBSERVATIONAL SETTING

Location:	Subject(s) observed:	Teacher(s):
Describe the physical environment (e.g., arrangement of seating, classroom organization, level of noise/activity).		

SUPPORTS FOR LEARNING

Instructional method(s) observed: (check all that apply)

- | | | |
|--|---|--|
| ☐ Independent seatwork | ☐ Whole class instruction | ☐ Cooperative/small group learning |
| ☐ Independent reading | ☐ Whole class discussions | ☐ Small group activities/projects |
| ☐ Child-directed activities | ☐ Highly-structured activities | ☐ One-on-one/peer-assisted learning |
| ☐ Other: _____ | | |

Pacing of instruction is consistent with the child's skill level and attention span.

Extensive support	Some support	Limited support	Supporting evidence:

The child is provided opportunities to be an active and involved learner.

Extensive support	Some support	Limited support	Supporting evidence:

Assigned activities are directly connected to the instructional goals and produce meaningful learning.

Extensive support	Some support	Limited support	Supporting evidence:

The child receives adequate review and practice, especially in area(s) of difficulty.

Extensive support	Some support	Limited support	Supporting evidence:

SUPPORTS FOR BEHAVIOR

Behavioral support method(s) observed: *(check all that apply)*

- ☐ Prevention strategies (e.g., supervision, student choice, rules/routines, advanced organizers, check in/check out)
☐ Educative strategies (e.g., social skills training, peer coaching, instruction/modeling of behavioral expectations)
☐ Reinforcement strategies (e.g., positive feedback, token reinforcement, work passes, earned breaks)
☐ Consequence strategies (e.g., time-out, verbal/nonverbal feedback, response costs, overcorrection, restitution)
☐ Other: _____

Classroom climate (e.g., teacher-child interactions, child's comfort level, etc.) is positive and supportive.

Extensive
supportSome
supportLimited
support

Supporting evidence:

Classroom rules and routines are clearly understood by the child.

Extensive
supportSome
supportLimited
support

Supporting evidence:

Directions are clear and reasonable for the child to achieve.

Extensive
supportSome
supportLimited
support

Supporting evidence:

Effective strategies are used to motivate the child's performance and behavior.

Extensive
supportSome
supportLimited
support

Supporting evidence:

OBSERVATION SUMMARY

Describe the learning and behavioral supports that promote the child's achievement in the classroom.

Describe any additional learning and behavioral supports needed to increase the child's achievement that can be embedded in the typical classroom routine.Describe any additional learning and behavioral supports needed to increase the child's achievement that exceed those that can be embedded in the typical classroom routine.

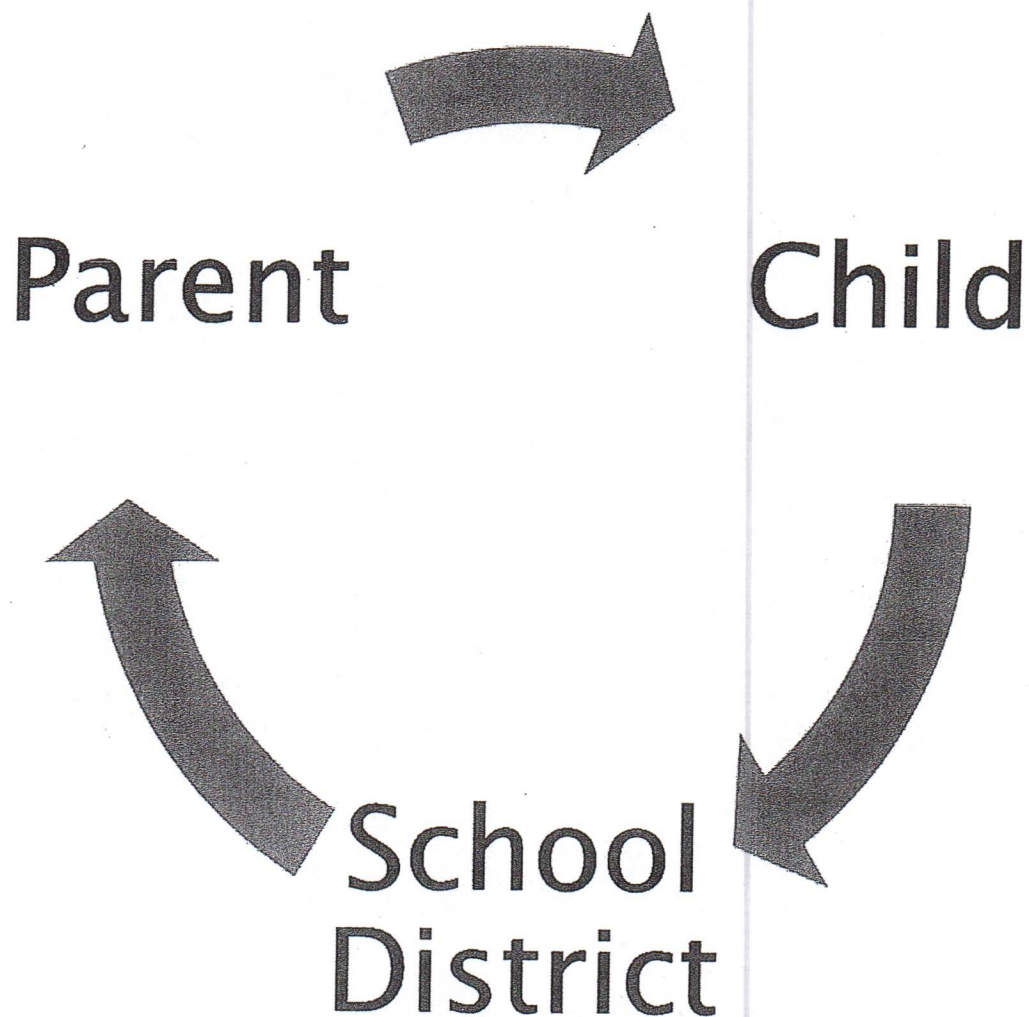
Observer:

Position:

Observation Date:

PROCEDURAL SAFEGUARDS

Your Family's Special Education Rights



Mississippi Department of Education
Office of Special Education

Revised December 17, 2013

MET DOCUMENTATION FORM

Name: _____ School: _____

MSIS: _____ DOB: _____ Grade: _____ Age: _____ Gender: _____

Referral Source: Teacher _____ TST Committee _____ Parent _____ Reevaluation _____ Preschool _____ Other: _____

Date of Request: _____ Date of MET meeting: _____

**The following information was reviewed by MET:
(Check only the documentation reviewed)**

- ☐ Information/Reports provided by parent/guardian
- ☐ Universal Screening results student and class data
- ☐ Required Tier I, II, and III forms
- ☐ Progress monitoring for academic objectives
- ☐ Progress monitoring for behavior objectives
- ☐ Student Data Form
- ☐ Social/Emotional Worksheet
- ☐ Copy of cumulative record insert
- ☐ Discipline reports from current and previous years
- ☐ Attendance reports from current and previous years

- ☐ Current grades
- ☐ Vision screening
- ☐ Hearing screening
- ☐ Teacher Narrative
- ☐ Behavior logs
- ☐ FBA/BIP
- ☐ Developmental History
- ☐ Classroom observation
- ☐ Current or previous IEP with goals updated
- ☐ L/S Dismissal Narrative
- ☐ Reevaluation Summary
- ☐ Other/Specify: _____

Recommendation of Team for Initial Referrals:

- _____ Comprehensive Assessment is recommended.
 _____ Comprehensive Assessment is not recommended.

Recommendation of Team for Reevaluations:

- _____ IEP Committee Decision – Comprehensive Assessment is recommended.
 _____ IEP Committee Decision – Comprehensive Assessment is not recommended at this time. Based on information reviewed, this student continues to need special education services and related services as indicated on the current IEP. The current eligibility should be continued
 _____ Language/Speech Dismissal: Committee recommends dismissal from speech services.

Other Recommendations:**(Prior Written Notice and Procedural Safeguards should be provided to parent within 7 days.)**

MET Members Signatures/Positions:

PRIOR WRITTEN NOTICE

To: _____ Date: _____

Public agencies are required to provide written notice to the parent when they propose or refuse to initiate or change the identification, evaluation, or educational placement of a child or propose or refuse to initiate or change the services and supports provided to a child which constitute a Free Appropriate Public Education (FAPE). This letter is your notice of the following action proposed or refused regarding your child, _____:

REQUEST

On _____, Leland School District proposed the following action as outlined below:

ACTION PROPOSED

Leland School District proposes to:

- ☐ Conduct an initial comprehensive evaluation of your child.
- ☐ Conduct a reevaluation of your child.
- ☐ Determine your child's eligibility status and disability category.
- ☐ Change your child's eligibility status or disability category based on a comprehensive reevaluation.
- ☐ Exit your child from special education.
- ☐ Begin new special education and/or related services.
- ☐ Develop an Individualized Education Program for your child.
- ☐ Change your child's IEP and/or special education and/or related services (e.g., annual goals, participation in State-wide assessments, supplementary aids and services, or supports to school personnel).
- ☐ Provide Extended School Year (ESY) services
- ☐ Change your child's educational placement.
- ☐ Remove your child for disciplinary reasons which results in a change in placement (e.g., a removal for more than 10 days during a school year or removal to an Interim Alternative Educational Setting).
- ☐ Other: _____

Describe the specific action proposed:

This action will go into effect:

- ☐ after receiving your informed written consent on the parental consent form enclosed. (for evaluations)
- ☐ on _____.

ACTION REFUSED

Leland School District refuses to:

- ☐ Conduct an initial comprehensive evaluation of your child.
- ☐ Conduct a reevaluation of your child.
- ☐ Change your child's eligibility status or disability category based on a comprehensive reevaluation.
- ☐ Change your child's IEP and/or special education and/or related services (e.g., annual goals, participation in State-wide assessments, supplementary aids and services, or supports to school personnel).
- ☐ Provide Extended School Year (ESY) services
- ☐ Change your child's educational placement.
- ☐ Other: _____

Describe the specific action refused:

REASON / JUSTIFICATION

Provide the reason or justification for taking the proposed action(s) or for refusing to take an action(s) requested.

Describe other options that were considered and rejected.

Describe the evaluations, tests, records, or reports that were used as the basis for the action(s) proposed or refused.

Describe any other relevant factors to this situation.

You and your child have protections under both the Individuals with Disabilities Education Act (IDEA) and State Board of Education Policy 7219. If you are a parent of a child with a disability, at least once per year you will be provided a copy of the Procedural Safeguards Notice which describes the rights of you and your child. If you have any questions about your rights and would like assistance in understanding your rights, you may contact me or any of the following:

Mississippi Dept. of Education

Post Office Box 771
Jackson, MS 39205-0771
Phone: (601) 359-3498
Fax: (601) 359-1829
Toll Free Parent Hotline
1-877-544-0408

Disability Rights Mississippi

210 E. Capitol Street Suite 600
Jackson, Mississippi 39201
Phone: (601) 968-0600
Fax: (601) 968-0665
Toll Free Number
1-800-772-4057

MS Parent Training & Information Center

2 Old River Place, Ste. M
Jackson, MS 39202
Phone: (601) 969-0601
Fax: (601) 709-0250
Toll Free Number
1-800-721-7255

Please contact me if you have any questions regarding this information.

Sincerely,

Name

Title/Role

Seven Day Notice/Waiver

- ☐ I understand that I have 7 days to consider the committee's decision, but I would like to waive the 7 day waiting period so that the committee's action or refusal may begin on _____.
- ☐ I understand that I have 7 days to consider the committee's decision as described above. I do not waive the 7 day waiting period so the action or refusal may not begin until after 7 days.

Parent's signature: _____

Date: _____

INFORMED PARENTAL CONSENT (Page 1)

Student: _____

Date: _____

Dear Parent - The MET has determined your child is in need of an evaluation to determine if a disability exists and special education and related services are needed; therefore, a comprehensive assessment will be conducted by qualified personnel.

INITIAL EVALUATION		REEVALUATION	
☐ The Multidisciplinary Evaluation Team (MET) requests your consent to conduct an evaluation of your child to determine if s/he is a child with a disability and, if so, his/her educational needs. An initial evaluation will NOT be conducted unless you agree in writing on Page 2.		☐ The IEP Committee requests your consent to conduct a reevaluation of your child to determine if s/he continues to be a child with a disability and, if so, his/her educational needs. The IEP Committee will conduct a reevaluation unless you refuse.	
ASSESSMENT AREAS		ASSESSMENT METHODS	
PHYSICAL STATUS ☐ General physical condition , including general health, strength, vitality, and alertness ☐ Sensory abilities , including hearing and vision acuity ☐ Fine (small) motor skills , including use of equipment and materials ☐ Gross (large) motor skills , including mobility and physical fitness ☐ Sensory processing and/or perceptual-motor function		☐ Review of Records ☐ Observations ☐ Interviews ☐ Screening ☐ Tests	
COMMUNICATION STATUS ☐ Articulation , including an orofacial examination and production of speech sounds ☐ Voice and Fluency , including quality and smoothness of speech ☐ Language , including ability to understand others (receptive) and express him/herself		☐ Review of Records ☐ Observations ☐ Interviews ☐ Screening ☐ Tests	
SOCIAL-EMOTIONAL STATUS ☐ Social development and skills , including ability to build/maintain social relationships ☐ Emotional development and skills , including ability to manage moods ☐ Self-management , ability to demonstrate appropriate behaviors across environments		☐ Review of Records ☐ Observations ☐ Interviews ☐ Screening ☐ Tests	
COGNITIVE AND ACADEMIC STATUS ☐ Academic Achievement , including school learning on content such as basic reading and comprehension, written and oral expression, and math calculation and reasoning ☐ Intellectual/Cognitive Functioning , verbal and non-verbal ability to think and learn		☐ Review of Records ☐ Observations ☐ Interviews ☐ Screening ☐ Tests	
ADAPTIVE STATUS ☐ Adaptive Behavior , including daily living skills, self-sufficiency, and adjustment ☐ [Other special assessments]		☐ Review of Records ☐ Observations ☐ Interviews ☐ Screening ☐ Tests	

INFORMED PARENTAL CONSENT (Page 2)

Student: _____ School: _____

Age: _____ Date of Birth: _____ Grade: _____ Race: _____

Name of Parent/Guardian: _____

Address: _____

Phone Number(s): _____

Dear Parent - The Multidisciplinary Evaluation Team (MET) requests your consent to conduct an evaluation of your child to determine if s/he is a child with a disability or to conduct a reevaluation of your child to determine if s/he continues to be a child with a disability and, if so, his/her educational needs. An initial evaluation will NOT be conducted unless you agree in writing below or a reevaluation will be conducted unless you refuse (as noted on Page 1 of this document).

Please check the boxes of the statements under "agree" or "refuse" that indicate your choice. Please sign and date.

Seven Day Notice/Waiver
☐ I understand that I have 7 days to consider the committee's decision and to provide consent to conduct the evaluation as described above, but I would like to waive the 7 day waiting period so that the evaluation may begin on _____
☐ I understand that I have 7 days to consider the committee's decision and to provide consent to conduct the evaluation as described above. I do not waive the 7 day waiting period so the evaluation may not begin until I give my consent.
Parent's signature: _____
Date: _____

Please check the boxes of the statements under "agree" or "refuse" that indicate your choice. Please sign and date.

AGREE	REFUSE
☐ I understand the proposed evaluation and DO give my consent to conduct the evaluation as described above.	☐ I understand the proposed evaluation and DO NOT give my consent to conduct the evaluation as described above.
☐ I understand that my consent is voluntary and can be revoked at any time.	☐ I understand the [Public Agency] may request mediation or a Due process hearing to override my refusal.
☐ I was provided a copy of the Procedural Safeguards Notice, and it was explained to me.	☐ I was provided a copy of the Procedural Safeguards Notice and it was explained to me.
Parent's signature: _____	Parent's signature: _____
Date: _____	Date: _____

**LELAND SCHOOL DISTRICT
INVITATION TO COMMITTEE MEETING**

FORM NC

To: _____ Date: _____

You are invited to attend a meeting regarding your child, _____
to be held _____.

Your participation is very important! This meeting must be held at a mutually agreed upon time and place. If you are not able to meet at this time or location or if you need interpreter services to participate in the meeting, please contact me using the contact listed above to reschedule the meeting at a more convenient time or location or arrange for assistance. You can also indicate your preferences on the Invitation to Committee Meeting Reply letter included.

The purpose of this meeting is (*check all that apply*):

Child Find, Evaluation, and Eligibility Determination

- ☐ To determine if your child needs a comprehensive evaluation and to plan the initial evaluation.
- ☐ To discuss your child's evaluation and to determine if your child is eligible for special education.
- ☐ To determine if your child needs additional assessment for a reevaluation and to plan the reevaluation.
- ☐ To discuss your child's reevaluation and to determine if your child continues to be eligible for special education.

Individualized Education Program [IEP]

- ☐ To develop an initial or annual IEP for your child.
- ☐ To review your child's IEP and to revise it, if necessary.
- ☐ To develop or revise your child's transition plan.
- ☐ To determine if your child needs Extended School Year (ESY) services.

Other

- ☐ To determine your child's most appropriate placement.
- ☐ To discuss disciplinary actions.
- ☐ To conduct a manifestation determination.
- ☐ To develop, review, or revise a behavior support plan.
- ☐ Other: _____

Other people who have been invited to this meeting include:

Special Education Teacher:

General Education Teacher:

Administrator:

Other:

Other:

Other:

You are an important member of this team! You are welcome to bring anyone with special knowledge or expertise about your child who can assist you at the meeting, or any information (e.g., medical records, results of outside testing, or work samples) that would help with making educational decisions for your child. Your child is also welcome to attend if you wish. You are also able to audio and/or video record this meeting, if you wish; however, you will need to give us a 24-hour notice so that we may also be able to record the meeting, have included the following important information for you:

- ☐ Invitation to Committee Meeting Reply.
- ☐ Procedural Safeguards Notice.
- ☐ Other:

Please respond to this Invitation to Committee Meeting by completing the Invitation to Committee Meeting Reply letter included and returning it to your child's school or program. If you have any additional questions or concerns, please contact me using the number above.

Sincerely,

Name/Role

Leland County School District

Parent Invitation Response Form

Name of Child: _____

Purpose of Meeting: _____

Date Sent: _____ Date/Time of Scheduled Meeting: _____

Location of Scheduled Meeting: _____

Response—

Please verify your response and return to the person below within two (2) days.

____ I will attend the meeting at the scheduled time.

____ I want to come, but cannot attend the meeting at the scheduled time. Please contact me at the number listed below to make other arrangements. I am available for the following:

Date(s): _____ Time(s): _____

____ I will not be able to attend the meeting in person, but would like to participate via telephone. Please contact me at the number listed below during the scheduled meeting time.

____ I do not wish to participate in the meeting. Please conduct the meeting without me being present, but contact me following the meeting at the number listed below.

Waiver—

Seven (7) day notice requirements (if applicable)

In accordance with State of Mississippi regulations, parents have the right to receive a copy of the assessment reports at least seven (7) days prior to the eligibility determination meeting unless the parent chooses to waive the seven (7) day timeline in writing.

____ I waive the seven (7) day timeline to receive a copy of the evaluation report.

Assistance—

Please check all of the boxes that apply.

- ☐ I would like to invite the following people: _____
- ☐ I need an interpreter to participate.
- ☐ I would like to record the meeting by video or audio recording.

Please sign here and write your phone number:_____
Parent Signature/Phone Number_____
Date**Please return this form to:**

Name/Title: _____

School: _____ Phone: _____

**LELAND SCHOOL DISTRICT
ELIGIBILITY DETERMINATION REPORT**

Form ED

PERSONAL DATA

Child's Name:	MSIS #:	DOB:
District:	School:	Grade:

☐ Initial

☐ Out-of-State

☐ Reevaluation

Based on the attached (re)evaluation report(s) completed, the Multidisciplinary Evaluation Team (MET) or Individual Education Program (IEP) Committee determines that:

- ☐ The child meets the criteria for the presence of _____
- ☐ The child meets the criteria for the presence of a Language/Speech Impairment (LS) that is not the primary disability but requires language and/or speech services as a related service _____
- ☐ The child does not meet the criteria for the presence of a disability due to:
 - ☐ failure to meet required criteria: _____
 - ☐ exclusionary factors: _____

Attach any applicable eligibility determination checklists and required statements from professionals.

Date of Meeting:

<i>By signing below, I certify that this report DOES reflect my conclusions.</i>		<i>By signing below, I certify that this report DOES NOT reflect my conclusions. I will submit a separate statement with my conclusions.</i>	
Signature	Position	Signature	Position
	MET Chairperson		MET Chairperson
	General Educator		General Educator
	Special Educator		Special Educator
	Parent/Guardian		Parent/Guardian
	Parent/Guardian		Parent/Guardian
	Child		Child
	Language/Speech Pathologist/Therapist		Language/Speech Pathologist/Therapist
	School Psychologist/Psychometrist		School Psychologist/Psychometrist
	Administrator		Administrator
	Other: _____		Other: _____
	Other: _____		Other: _____

PRIOR WRITTEN NOTICE

: _____ Date: _____

Public agencies are required to provide written notice to the parent when they propose or refuse to initiate or change the identification, evaluation, or educational placement of a child or propose or refuse to initiate or change the services and supports provided to a child which constitute a Free Appropriate Public Education (FAPE). This letter is your notice of the following action proposed or refused regarding your child, _____:

REQUEST	
On _____, Leland School District proposed the following action as outlined below:	
ACTION PROPOSED	
Leland School District proposes to: - Conduct an initial comprehensive evaluation of your child. - Conduct a reevaluation of your child. - Determine your child's eligibility status and disability category. - Change your child's eligibility status or disability category based on a comprehensive reevaluation. - Exit your child from special education. - Begin new special education and/or related services. - Develop an Individualized Education Program for your child. - Change your child's IEP and/or special education and/or related services (e.g., annual goals, participation in State-wide assessments, supplementary aids and services, or supports to school personnel). - Provide Extended School Year (ESY) services - Change your child's educational placement. - Remove your child for disciplinary reasons which results in a change in placement (e.g., a removal for more than 10 days during a school year or removal to an Interim Alternative Educational Setting). - Other: _____ _____ action will go into effect: _____ after receiving your informed written consent on the parental consent form enclosed. (for evaluations) on _____.	<i>Describe the specific action proposed:</i>
ACTION REFUSED	
Leland School District refuses to: - Conduct an initial comprehensive evaluation of your child. - Conduct a reevaluation of your child. - Change your child's eligibility status or disability category based on a comprehensive reevaluation. - Change your child's IEP and/or special education and/or related services (e.g., annual goals, participation in State-wide assessments, supplementary aids and services, or supports to school personnel). - Provide Extended School Year (ESY) services - Change your child's educational placement. - Other: _____ _____ action will go into effect: _____ after receiving your informed written consent on the parental consent form enclosed. (for evaluations) on _____.	<i>Describe the specific action refused:</i>

REASON / JUSTIFICATION

Provide the reason or justification for taking the proposed action(s) or for refusing to take an action(s) requested.

Describe other options that were considered and rejected.

Describe the evaluations, tests, records, or reports that were used as the basis for the action(s) proposed or refused.

Describe any other relevant factors to this situation.

You and your child have protections under both the Individuals with Disabilities Education Act (IDEA) and State Board of Education Policy 7219. If you are a parent of a child with a disability, at least once per year you will be provided a copy of the Procedural Safeguards Notice which describes the rights of you and your child. If you have any questions about your rights and would like assistance in understanding your rights, you may contact me or any of the following:

Mississippi Dept. of Education
Post Office Box 771
Jackson, MS 39205-0771
Phone: (601) 359-3498
Fax: (601) 359-1829
Toll Free Parent Hotline
1-877-544-0408

Disability Rights Mississippi
210 E. Capitol Street Suite 600
Jackson, Mississippi 39201
Phone: (601) 968-0600
Fax: (601) 968-0665
Toll Free Number
1-800-772-4057

MS Parent Training & Information Center
2 Old River Place, Ste. M
Jackson, MS 39202
Phone: (601) 969-0601
Fax: (601) 709-0250
Toll Free Number
1-800-721-7255

Please contact me if you have any questions regarding this information.

Sincerely,

_____	_____
Name	Title/Role

Seven Day Notice/Waiver

- ☐ I understand that I have 7 days to consider the committee's decision, but I would like to waive the 7 day waiting period so that the committee's action or refusal may begin on _____.
- ☐ I understand that I have 7 days to consider the committee's decision as described above. I do not waive the 7 day waiting period so the action or refusal may not begin until after 7 days.

Parent's signature: _____

Date: _____