

AVOYELLES PARISH SCHOOL BOARD

PARENTAL NOTIFICATION LETTERS

15 DAY PRIOR WRITTEN NOTICE

Date: _____ Contact Name: _____

School: _____ Telephone No.: _____

To: _____ (Student's Name)

To: _____ (Parent/Guardian's Name)

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.

If you choose to receive your notification letter by electronic mail, please provide your e-mail address and initial on the line below.

E-mail address: _____ **Initials:** _____

The following arrangements have been made for the meeting:

Date: _____

Time: _____

Location: _____

****Parents/Guardians of students with IEPs must receive prior written notice of any changes to the IEP 15 days prior to the change. Parents/Guardians may waive this notice within reasonable timelines. I waive my right to the 15 day notice. I would like for the meeting to take place or the services to begin on:**

_____.

Parent's signature: _____ **Date:** _____

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| <p>If parent consents to 15 day waiver via phone call please note the following:</p> <p>Parent Name:</p> <p>_____</p> <p>Date of phone call:</p> <p>_____</p> <p>Time:</p> <p>_____</p> |
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At this meeting we will:

- Develop, review, or amend an individualized education program (IEP) 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 or HS Diploma (Alternate Assessment-Jumpstart) because the latest information appears to support your child’s participation in the LEAP Connect Alternate Assessment. Students participating in LEAP Connect may be working towards a Certificate of Achievement and not the standard Louisiana High School Diploma or may be working towards an Alternate Assessment-Jumpstart Diploma. Your child must meet Alternate Assessment Participation Criteria in order to participate in LEAP Connect. This decision for participation in LEAP Connect will be made with you at the IEP Team meeting.
- Consider disciplinary action.
- 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

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: _____

- I have received a copy of *Louisiana's Educational Rights of Children with Disabilities*. **Note:** Parent(s)/guardian(s) of a child with a disability 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 for a copy.
- 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 service agency (ies) listed on page 3 because they may be responsible for providing or paying for transition services.
- I 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: _____

Parent(s)/Guardian(s) Signature

Date