

LELAND SCHOOL DISTRICT
OUT-OF-STATE EVALUATION
PROCEDURES, CHECKLIST, and FORMS

Leland School District
Out-of-State Evaluation Procedures and Checklist

Student's Name: _____ School: _____

1. The psychometrist of record sends/mails the following to the parent within 5 days of notice to SPED Department student has enrolled in the district:
 - Invitation for Meeting (get with psychometrist/psychologist to schedule meeting date) (Form NC)
 - Parent Response Form (purpose - MET, Initial Evaluation & IEP meeting) (Form PR)
 - Permission for Screening form (Form SF)
 - Ask parent to bring to or provide prior to the meeting any pertinent documentation regarding the child's disability ruling from the previous school and contact previous school/district to obtain all assessment/evaluation reports and previous IEP.
 - Coordinate with Speech Language Pathologist to screen student for hearing (Form HV) and speech (Form L/S), and coordinates vision and developmental, academic, etc. screening with appropriate school personnel - prior to MET if possible. If not, ensure this occurs within 3 days of MET meeting Make copies of documents sent to parent for the file
2. MET and IEP Meeting occur with the IEP teacher of record and appropriate personnel. The MET Chairperson ensures the following:
 - Give parent Procedural Safeguards and explain them (Form PS)
 - Have available and review all documentation received from the previous school and parent
 - Determine additional data to be collected
 - Complete MET documentation form and collect signatures (Form MET)
 - Give parent Informed Parental Consent Forms Page 1, Page 2 and obtain permission to evaluate (Form PC)
 - Review the previous IEP with parent and develop comparable IEP
 - Collect parent information and add to the comparable IEP accepting the previous school's IEP
 - Collect signatures and date comparable IEP
 - Give parent a copy of the comparable IEP from the previous school or the pages with the changes/signatures
 - Complete Prior Written Notice (Form PWN) regarding decision to evaluate and acceptance of IEP, and give to
 - Give parent copies and/or keep copies of all documents for the files
 - A signed copy of Parent Reply Form is in the file (this is the form mailed requesting written confirmation of parent's attendance)(Form PR)
3. Psychometrist/Psychologist, Speech Language Pathologist, and other appropriate personnel evaluate student and write reports) within 60 days of PPT and given to the parent at least 7 days prior to eligibility meeting unless the parent waives the 7 days
4. Psychometrist/Psychologist working in conjunction with the Speech Language Pathologist and other related services personnel calls parent to schedule MET eligibility meeting
5. Psychometrist/Psychologist sends/mails to parent:
 - Invitation to Meeting (Form NC)
 - Parent Response Form (purpose - Eligibility) (Form PR)
 - Copy of Assessment Report
6. 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
 - Eligibility Determination Report is completed and signed. Any members who disagree must indicate so and write a letter explaining. (Form ED)
 - Prior Written Notice is completed indicating eligibility and given to the parent (Form PWN)
 - Complete and give IEP Invitation to parent (if student is eligible for services) (Form NC)
 - Complete the Parent Reply Form (purpose - IEP meeting) (Form RP)
 - Give parent copies of all the documents and keep copies of all documents for file
7. IEP meeting held is held within 30 days of the eligibility meeting to develop the IEP and the IEP teacher of record ensures the following:
 - All necessary school/district personnel are invited to attend the meeting
 - Procedural Safeguards are provided and explained to the parent (Form PS)
 - IEP is developed
 - Signatures are collected at the end of the IEP and the date is recorded on the IEP
 - Parent is provided a copy of the IEP
 - Prior Written Notice is completed indicating the IEP was developed (check-being new special education and/or related services) and given to the parent (Form PWN)
9. MET Chairperson gives folder to MSIS/data personnel for recording documentation

Leland School District IEP Development Information

Student Name:	Teacher:	Ruling:	
		Secondary Ruling:	
Grade:	Age:	Date:	
Strengths (Academically)	Supporting Data	MS CCS	
Preferences /Interests	Supporting Data		

Weakness (Academically)	Supporting Data	MS CCS
Behavior Concerns	Supporting Data	
Parent Concerns:		

**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
Parent Permission for Screening

Name of Child: _____

Parent: _____

Address: _____
_____Phone
Number(s): _____

Dear Parent,

Your child has been recommended to our office for screening in the areas listed below. Your permission for these screenings is required to proceed. The results of these screeners will be provided to you once completed. My rights, and those of my child, have been explained to me by the Procedural Safeguards. I understand my rights and give my consent for screening.

_____ Language screening

_____ Articulation screening

_____ Screening in the Developmental areas: Physical, Adaptive, Social, Communication, and Cognitive

_____ Vision screening

_____ Hearing screening

I, _____ (Parent/Guardian), give my
consent for_____ (Name of Child) to be screened in the areas
indicated._____
Parent Signature_____
Date

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	/	/		
	Right Eye	/	/		
	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:

Appendix A: Language-Speech Screening Form

Student Name: _____ School: _____

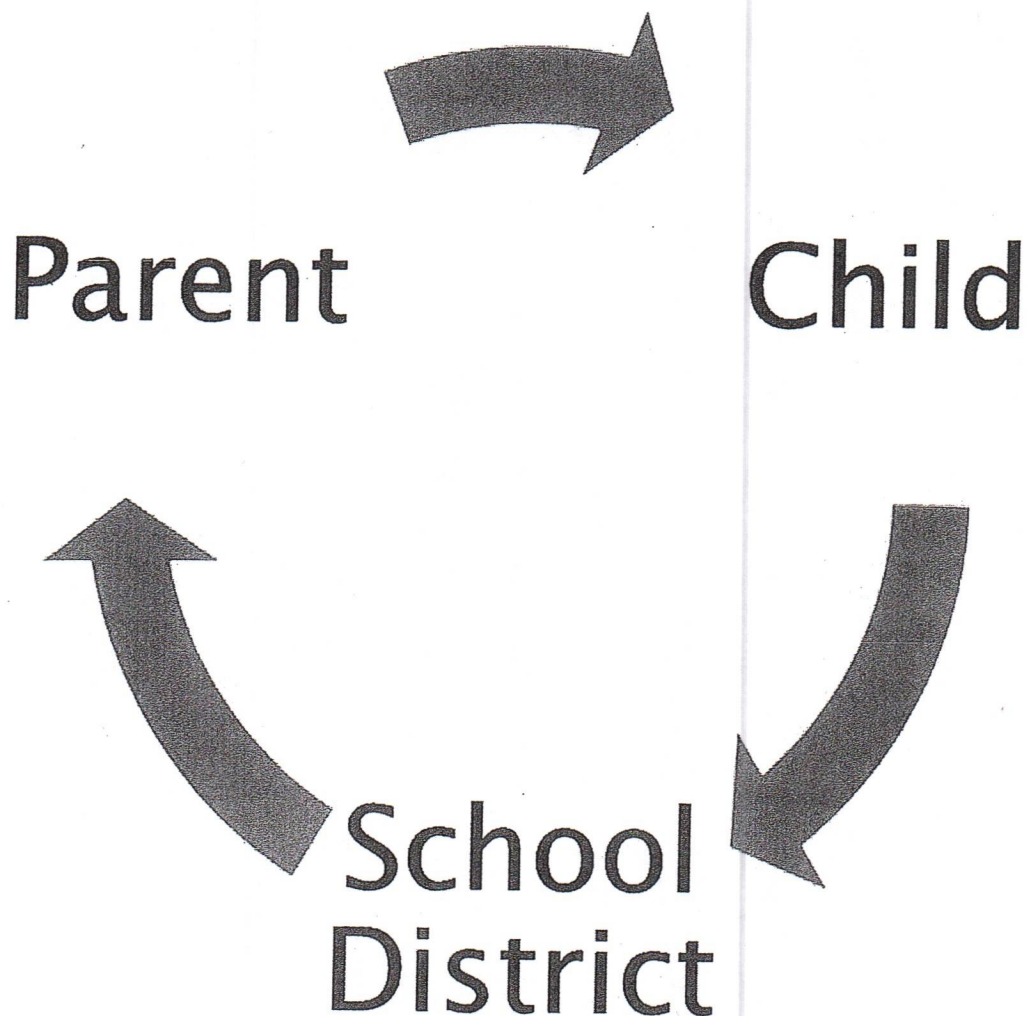
Date of Birth: _____ SLP: _____ Teacher: _____

This form may be used as a quick checklist for language, speech, voice, and fluency deficits. Check the appropriate answer for each area below:

		YES	NO
1.	The student demonstrates more speech errors than his/her peers.		
2.	The student is not stimuable for his/her errors.		
3.	The student has interruptions in the flow of his/her speech.		
4.	The student's speech is difficult to understand.		
5.	The student's voice is too loud, too soft, or has an unusual quality (hoarse, nasal, etc.).		
6.	The student has difficulty with phonological awareness (rhyming, sound segmenting, etc.).		
7.	The student has difficulty following directions.		
8.	The student has difficulty comprehending new ideas.		
9.	The student has poor/limited vocabulary.		
10.	The student has difficulty telling/retelling a story and/or relating information.		
11.	The student has difficulty answering questions.		
12.	The student uses incorrect words and/or grammar that are atypical and not dialectal.		
13.	The student does not use appropriate conversation skills (i.e., turn taking, topic maintenance, eye contact, etc.).		
14.	The student appears frustrated when speaking.		
—	PASS The student has "NO" checked for ALL questions.		
—	FAIL The student has "YES" checked for ANY question.		

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:

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	
<input type="checkbox"/> 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.		<input type="checkbox"/> 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 <input type="checkbox"/> General physical condition , including general health, strength, vitality, and alertness <input type="checkbox"/> Sensory abilities , including hearing and vision acuity <input type="checkbox"/> Fine (small) motor skills , including use of equipment and materials <input type="checkbox"/> Gross (large) motor skills , including mobility and physical fitness <input type="checkbox"/> Sensory processing and/or perceptual-motor function		<input type="checkbox"/> Review of Records <input type="checkbox"/> Observations <input type="checkbox"/> Interviews <input type="checkbox"/> Screening <input type="checkbox"/> Tests	
COMMUNICATION STATUS <input type="checkbox"/> Articulation , including an orofacial examination and production of speech sounds <input type="checkbox"/> Voice and Fluency , including quality and smoothness of speech <input type="checkbox"/> Language , including ability to understand others (receptive) and express him/herself		<input type="checkbox"/> Review of Records <input type="checkbox"/> Observations <input type="checkbox"/> Interviews <input type="checkbox"/> Screening <input type="checkbox"/> Tests	
SOCIAL-EMOTIONAL STATUS <input type="checkbox"/> Social development and skills , including ability to build/maintain social relationships <input type="checkbox"/> Emotional development and skills , including ability to manage moods <input type="checkbox"/> Self-management , ability to demonstrate appropriate behaviors across environments		<input type="checkbox"/> Review of Records <input type="checkbox"/> Observations <input type="checkbox"/> Interviews <input type="checkbox"/> Screening <input type="checkbox"/> Tests	
COGNITIVE AND ACADEMIC STATUS <input type="checkbox"/> Academic Achievement , including school learning on content such as basic reading and comprehension, written and oral expression, and math calculation and reasoning <input type="checkbox"/> Intellectual/Cognitive Functioning , verbal and non-verbal ability to think and learn		<input type="checkbox"/> Review of Records <input type="checkbox"/> Observations <input type="checkbox"/> Interviews <input type="checkbox"/> Screening <input type="checkbox"/> Tests	
ADAPTIVE STATUS <input type="checkbox"/> Adaptive Behavior , including daily living skills, self-sufficiency, and adjustment <input type="checkbox"/> [Other special assessments]		<input type="checkbox"/> Review of Records <input type="checkbox"/> Observations <input type="checkbox"/> Interviews <input type="checkbox"/> Screening <input type="checkbox"/> 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
<input type="checkbox"/> 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 _____
<input type="checkbox"/> 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
<input type="checkbox"/> I understand the proposed evaluation and DO give my consent to conduct the evaluation as described above.	<input type="checkbox"/> I understand the proposed evaluation and DO NOT give my consent to conduct the evaluation as described above.
<input type="checkbox"/> I understand that my consent is voluntary and can be revoked at any time.	<input type="checkbox"/> I understand the [Public Agency] may request mediation or a Due process hearing to override my refusal.
<input type="checkbox"/> I was provided a copy of the Procedural Safeguards Notice, and it was explained to me.	<input type="checkbox"/> I was provided a copy of the Procedural Safeguards Notice and it was explained to me.
Parent's signature: _____	Parent's signature: _____
Date: _____	Date: _____

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: <ul style="list-style-type: none"> <input type="checkbox"/> Conduct an initial comprehensive evaluation of your child. <input type="checkbox"/> Conduct a reevaluation of your child. <input type="checkbox"/> Determine your child's eligibility status and disability category. <input type="checkbox"/> Change your child's eligibility status or disability category based on a comprehensive reevaluation. <input type="checkbox"/> Exit your child from special education. <input type="checkbox"/> Begin new special education and/or related services. <input type="checkbox"/> Develop an Individualized Education Program for your child. <input type="checkbox"/> 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). <input type="checkbox"/> Provide Extended School Year (ESY) services <input type="checkbox"/> Change your child's educational placement. <input type="checkbox"/> 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). <input type="checkbox"/> Other: _____ 	<i>Describe the specific action proposed:</i>
This action will go into effect: <ul style="list-style-type: none"> <input type="checkbox"/> after receiving your informed written consent on the parental consent form enclosed. (for evaluations) <input type="checkbox"/> on _____. 	
ACTION REFUSED	
Leland School District refuses to: <ul style="list-style-type: none"> <input type="checkbox"/> Conduct an initial comprehensive evaluation of your child. <input type="checkbox"/> Conduct a reevaluation of your child. <input type="checkbox"/> Change your child's eligibility status or disability category based on a comprehensive reevaluation. <input type="checkbox"/> 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). <input type="checkbox"/> Provide Extended School Year (ESY) services <input type="checkbox"/> Change your child's educational placement. <input type="checkbox"/> Other: _____ 	<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:

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

Form PR

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: _____