

LELAND SCHOOL DISTRICT
PRE-SCHOOL INITIAL EVALUATION
PROCEDURES, CHECKLIST, and FORMS

Leland School District
Pre-School Initial Evaluation Procedures and Checklist

Student's Name: _____ School: _____

1. District-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. Referrals from Head Start should be documented on the Head Start Referral Documentation Checklist (Form HS)
2. District-level Child Find Contact Person works with assessment team to schedule the MET with the appropriate personnel
3. District-level MET Chairperson mails the following to the parent:
 - MET Invitation for Meeting (Form NC)
 - Developmental History- Ages 3-9 - to be completed by parent (Form DH1)
 - Report of Physical Observation - to be completed by physician if there are any physical problems (Form ROPO)
 - Parent Reply Form (purpose - MET) (Form PR)
 - (Make copies of documents sent to parent for file)
4. Parent brings child for screening and MET
 - Complete Permission for Screening and get parent to sign (Form PF)
 - Screen child for hearing and vision (Form HV)
 - Screen developmental levels with Battelle Developmental Inventory 2 Screening Test-if child passes hearing and vision screening.
5. 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 and makes determination regarding evaluation
 - 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)

If child fails hearing and/or vision screening and is in of an assessment, the Quantitative Checklist is completed in the area failed, the parent is referred to an appropriate source for follow-up evaluation, and the comprehensive assessment is initiated (Form VF)

6. Psychometrist/Psychologist, Speech Language Pathologist, and other appropriate personnel evaluate student and write reports) within 60 days of PPT and given to parent at least 7 days prior to eligibility meeting unless the parent waives the 7 days
7. Psychometrist/Psychologist working in conjunction with the Speech Language Pathologist (Form LS) and other related services personnel calls parent to schedule MET eligibility meeting
8. Psychometrist/Psychologist sends/mails 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)

Chairperson ensures the following:

9. Eligibility meeting is held (must be within 14 days from the date of the Assessment Report) and MET (Assessment reports) is reviewed and eligibility determination made by committee write a letter explaining. (Form ED)
 - Eligibility Determination Report is completed and signed. Any members who disagree must indicate so are
 - 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 PR)
 - Give parent copies of all the documents and keep copies of all documents for file

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
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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
Headstart Referral Documentation Checklist **FORM HS**

Student: _____ Teacher: _____

The following documentation must be provided:

- _____ Hearing screening, including follow-up, if applicable
- _____ Vision screening, including follow-up, if applicable
- _____ Articulation and Language screeners
- _____ Developmental History
- _____ Battelle Developmental Screener
- _____ LAP-3
- _____ Teacher Narrative
- _____ Individual Healthcare Plan, if applicable
- _____ Report of Physical Observation, if applicable
- _____ Social /Behavioral/Emotional Checklist, if applicable

REFERRAL SUMMARY

	Date	Results (Circle One)
Vision		Pass/ Fail
Hearing		Pass/ Fail
Articulation		Pass/ Fail

	Results (Circle One)
Battelle Developmental Screener	Pass/ Fail
Personal- Social	Pass/ Fail
Adaptive	Pass/ Fail
Motor	Pass/ Fail
Communication	Pass/ Fail
Cognitive	Pass/ Fail

Person making referral: _____ Date: _____

Person accepting referral: _____ 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: _____

Form DH 1

**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:	<input type="checkbox"/> Birth Parent(s) <input type="checkbox"/> Adoptive Parent(s) <input type="checkbox"/> Parent and Step-Parent <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Foster Parent(s) <input type="checkbox"/> Other: _____			
Persons Living in the Home				
Name	Age	Gender	Relationship	Special Needs
1.				<input type="checkbox"/> Yes <input type="checkbox"/> No
2.				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.				<input type="checkbox"/> Yes <input type="checkbox"/> No
4.				<input type="checkbox"/> Yes <input type="checkbox"/> No
5.				<input type="checkbox"/> Yes <input type="checkbox"/> No
6.				<input type="checkbox"/> Yes <input type="checkbox"/> No
Language(s) Spoken in the Home				
Is any language other than English spoken in the home? <input type="checkbox"/> Yes <input type="checkbox"/> 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: _____

Address: _____

Phone: _____

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: _____

Results: _____

When: _____

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

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

- | | | |
|--|---|--|
| <input type="checkbox"/> Refuses to follow directions | <input type="checkbox"/> Withdrawn or keeps to self | <input type="checkbox"/> Cries easily or whines frequently |
| <input type="checkbox"/> Aggression/fighting | <input type="checkbox"/> Extremely fearful or nervous | <input type="checkbox"/> Explosive outbursts or impulsive |
| <input type="checkbox"/> Cruelty to animals | <input type="checkbox"/> Depressed or very unhappy | <input type="checkbox"/> Stealing or lying |
| <input type="checkbox"/> Destructive behavior/starts fires | <input type="checkbox"/> Easily frustrated | <input type="checkbox"/> 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
Report of Physical Observation

FORM ROPO

PERSONAL DATA

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

IMPAIRMENTS OR INJURIES

Describe any congenital or acquired impairment(s) in the child's general physical condition, fine and gross motor skills, hearing, vision, orofacial functioning, and/or physical/health problems (e.g., allergies, diabetes, asthma) or any injuries that impact cognition, language, memory, attention, reasoning, abstract thinking, judgment, problem-solving, sensory, perceptual and motor abilities, psychosocial behavior, physical functions, information processing, and/or speech, if any.

MEDICATIONS

List any medications that have been prescribed for the child, dosages, and potential side effects, particularly any that may impact classroom performance and/or educational testing.

LIMITATIONS AND PRECAUTIONS

Describe any limitations or precautions to consider when planning educational services, such as restrictions on mobility, activity, speech, equipment/adaptations, etc.

RECOMMENDATIONS FOR SCHOOL-BASED SERVICES

Describe any recommendations to consider when planning educational services, such as adaptive physical education, physical therapy, occupational therapy, speech/language therapy, mobility training, functional/self-care education, etc.

Healthcare Provider Specialty: _____

Healthcare Provider's Name (Please Print): _____

Signature: _____ **Date:** _____

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

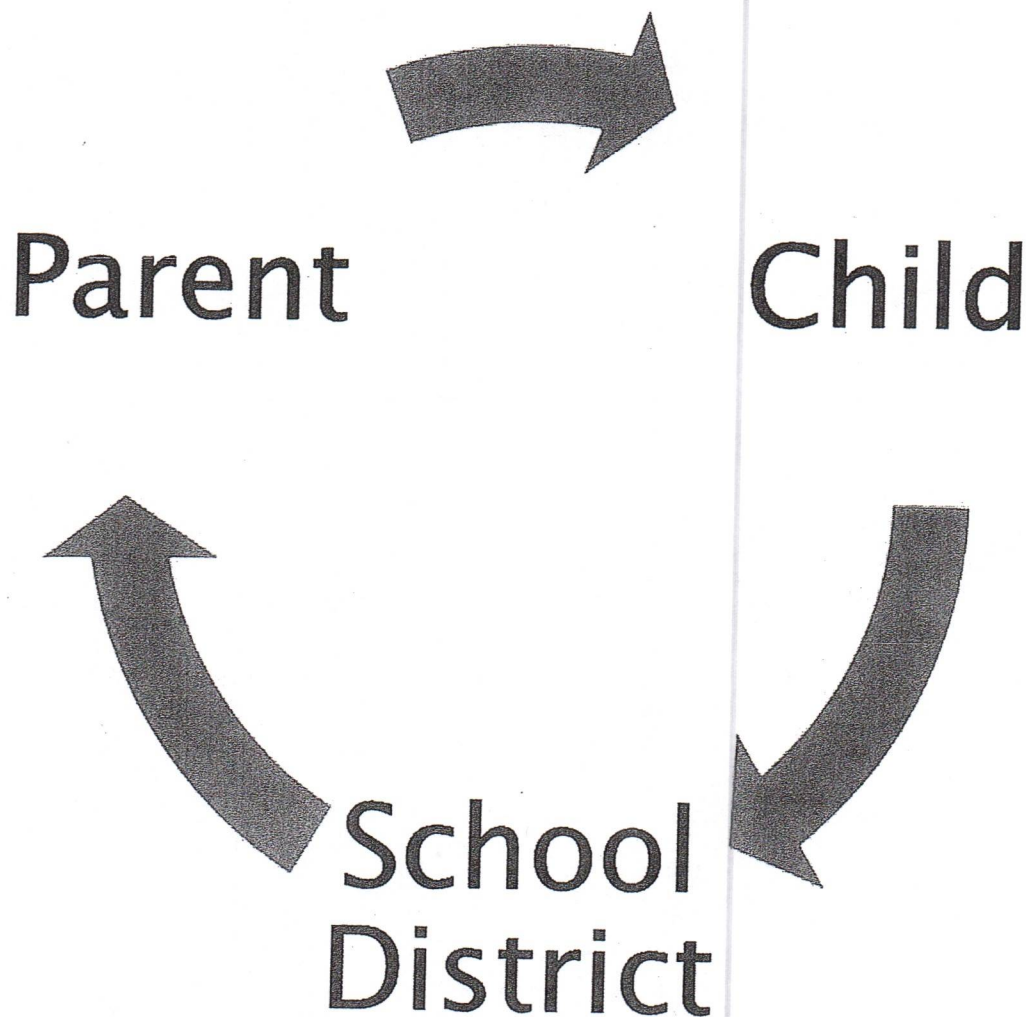
A. HEARING	YES	NO
1. Does the child respond to his or her name when called?		
2. Does the child respond to a noise that occurs out of his or her line of sight (e.g., ringing bell or jingling keys)?		
3. Does the child interact with others verbally?		
4. Can the child identify a body part when requested 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:

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	
<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: _____

LELAND VISION FOLLOW-UP REPORT FORM
Form VF

Patient Name: _____ Date of Exam: _____

Ophthalmologist/Optomtrist Name Printed: _____

- I. Far Vision, Left Eye (Uncorrected) _____ Near Vision, Both Eyes (Uncorrected) _____
Far Vision, Right Eye (Uncorrected) _____
Far Vision, Both Eyes (Uncorrected) _____

Are glasses or contacts recommended? Yes _____ No _____

- II. Best Corrected Vision in Snellen Equivalents
Far Vision, Left Eye (With Correction) _____
Far Vision, Right (With Correction) _____
Far Vision, Both Eyes (With Correction) _____
Near Vision, Both Eyes (With Correction) _____

- III. Were there conditions observed that would affect educational testing and/or programming? Yes _____ No _____
If yes, please explain the conditions that should be taken into consideration: _____

- IV. Does this patient have visual problems that are so severe that it would adversely affect his/her educational performance? If so, please describe the visual problem and how it would affect educational performance: _____

- V. Recommendations and/or comments related to this patient's vision: _____

- VI. If this patient cannot be conditioned for evaluation, please list the quantitative description of his/her vision and comments about any particular vision problems. Also, if this patient cannot be conditioned for evaluation and glasses are prescribed/worn, indicate the reason: _____

Date: _____ Signature of Ophthalmologist/Optomtrist: _____

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.		

FORM NC

**LELAND SCHOOL DISTRICT
INVITATION TO COMMITTEE MEETING**

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

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

1911

The following is a list of the plants which have been introduced into the United States from foreign countries during the year 1911. The list is arranged in alphabetical order of the names of the plants. The names of the plants are given in full, and the names of the countries from which they were introduced are given in parentheses. The names of the persons who introduced the plants are given in parentheses after the names of the countries. The names of the persons who introduced the plants are given in parentheses after the names of the countries. The names of the persons who introduced the plants are given in parentheses after the names of the countries.

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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:

By signing below, I certify that this report DOES reflect my conclusions.		By signing below, I certify that this report DOES NOT reflect my conclusions. <i>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

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: _____