

AVOUELLES 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: _____ Phone Conference _____

****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: _____

<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 style="text-align: right;">Time:</p> <p>_____</p>
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At this meeting we will:

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.

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

Parent(s)/Guardian(s) Signature

Date