

LELAND SCHOOL DISTRICT
RE-EVALUATION PROCEDURES,
CHECKLIST, and FORMS

Leland School District
Reevaluation Procedures and Checklist

Long Form

Student's Name: _____ School: _____

- _____ 1. At least 75 days prior to the student's eligibility expiration date, the IEP teacher of record calls the parent regarding screening their child (for vision, hearing, developmental, academic, speech) prior to the MET meeting
- _____ 2. IEP teacher of record sends home Permission for Screening form (Form SF)
- _____ 3. IEP teacher of record coordinates with Speech Language Pathologist to screen student for hearing (Form HV) and speech, and coordinates vision and developmental, academic, etc. screening with appropriate school personnel
- _____ 4. IEP teacher of record sends/mails the following to the parent:
 - MET Invitation for Meeting (get with psychometrist/psychologist to schedule meeting date) (Form NC)
 - Parent Reply Form (purpose – MET) (Form PR)
 - (Make copies of documents sent to parent for file)
- _____ 5. IEP teacher of record collects documentation for the MET/IEP meeting: (Form SDF) Teacher Narrative (Form TN), H/V results (Form HV), any other screening results, current grades, attendance and discipline records, Cumulative Record information, results from district and state tests, IEP with progress monitoring documented for academic and behavioral goals for the latest term, previous eligibility form(s) and evaluation report(s), Developmental History (Form DH 1 or 2) for appropriate age level, Statement of Skills Status form, classroom observation (Form CO), FBA/BIP if one is part of the IEP, behavior logs, universal screening assessment results (class data and student data) information and reports provided by parent, work samples, interventions in deficit areas (math, reading, language arts, behavior) with documentation if they have occurred, and any other documentation that indicates the student may/may need an evaluation
- _____ 6. MET/IEP Reevaluation Meeting occurs and IEP teacher of record and MET Chairperson ensure the following:
 - Give parent Procedural Safeguards and explains them
 - Have available and review all documentation noted above and make determination regarding evaluation
 - Complete MET documentation form and signatures are collected (Form MET)
 - Eligibility Determination Report is completed and signed. Any members who disagree must indicate so and write a letter explaining. (Form ED)
 - Complete Prior Written Notice and gives to parent (check – conduct reevaluation and IEP was reviewed and/or revised) (Form PWN)
 - Give parent copies and/or keep copies of all documents for the files
 - Ensure a signed copy of Parent Reply Form is in the file (this is the form mailed requesting written confirmation of parent's attendance)
 - Process is complete if no further assessment is needed. If further assessment is needed, complete Informed Parental Consent Forms Page 1, Page 2 and obtain permission to evaluate if a comprehensive evaluation is recommended. *The evaluation and eligibility must occur before the existing reevaluation date expires*
- _____ 7. Psychometrist/Psychologist, Speech Language Pathologist, and other appropriate personnel evaluate student and write report(s) within a reasonable time and at least 7 days prior to eligibility meeting unless the parent waives the 7 days
- _____ 8. Psychometrist/Psychologist working in conjunction with the Speech Language Pathologist and other related services personnel consults with IEP teacher of record to schedule MET eligibility meeting
- _____ 9. Psychometrist/Psychologist coordinates with IEP teacher of record and sends/mails to parent:
 - Invitation to Eligibility Determination Conference
 - Invitation to IEP Meeting (Form NC)
 - Parent Reply Form (purpose – Eligibility and IEP meeting) (Form PR)
 - Copy of Assessment Report (date of report should be at least 7 days before date of meeting unless the parent waives the 7 days)
- _____ 10. Psychometrist/Psychologist emails IEP teacher of record a copy of the assessment report
- _____ 11. Eligibility meeting is held and MET Chairperson ensures the following:
 - Invite all necessary school/district personnel to attend the meeting
 - Evaluation report is reviewed and eligibility determination (Form ED) made by committee
 - Eligibility Determination Report completed and signed. Any members who disagree must write a letter explaining.
 - Update IEP with the new eligibility date and evaluation data
 - Complete Prior Written Notice and gives to parent (check – conduct reevaluation and IEP was reviewed and/or revised) (Form PWN)
 - Collect signatures and date IEP
 - Give parent copies and/or keep copies of all documents for the files
- _____ 12. MET Chairperson gives folder to MSIS/data personnel for recording documentation

Reevaluation Flowchart

Reevaluations are conducted every three (3) years, prior to discontinuation of special education services or any related services, prior to change of eligibility category, at the request of parent, or due to other warranted situations.

The IEP Committee reviews existing data and determines if additional data are required. The parent must be invited to participate in any IEP Committee meeting held to review the data.

The IEP Committee determines additional data are required to recertify eligibility. The IEP Committee identifies areas to assess and requests parental consent.

The IEP Committee determines additional data are not required to recertify eligibility. The public agency must notify the parent of the reasons for determining additional data are not needed and the right to request an assessment.

The parent refuses to consent to assessment.

The parent does not respond to the request.

The parent consents to assessment.

The parent disagrees additional data are not needed and requests a reevaluation.

The parent agrees additional data are not needed.

The IEP Committee continues to collect progress monitoring data.

The IEP Committee makes reasonable attempts to obtain consent.

The child is reevaluated within a reasonable period of time.
[Recommended to be within sixty (60) days]

The IEP Committee holds an eligibility meeting.

The IEP Committee determines that child no longer qualifies as child with a disability and is no longer in need of special education services. Prior Written Notice is given to parent. Receipt of the notice by the parent must be verified prior to removing the child from special education services. Public agency must document receipt of the notice by the parent.

The IEP Committee determines that a child's previous disability category does not accurately reflect the child's disability and a change in categories is appropriate. Prior Written Notice must be given to the parent. Public agency must document receipt of the notice by the parent. The IEP Committee reviews and/or revises the current IEP. The parent is given Prior Written Notice of all revisions.

The IEP Committee determines that a child's previous disability category continues to reflect the child's current disability. The IEP Committee reviews and/or revises the current IEP. The parent is given Prior Written Notice of all revisions.

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	/	Left Eye	/
	Right Eye	/	Right Eye	/
	Both Eyes	/	Both Eyes	/
	PASS		PASS	
	FAIL		FAIL	
EXAMINER				
DATE				

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

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

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

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

LELAND SCHOOL DISTRICT
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 School District
Student Data Sheet**

Form SDF

NAME:	MSIS:
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Reason for Referral

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

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

**Leland School District
Student Data Sheet**

Form SDF

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

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

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

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

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

ENGLISH LANGUAGE LEARNER

Does this student speak English? YES/NO

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

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

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

Leland School District
Student Data Sheet

Form SDF

What ELL services or assistance have been provided?

ENGLISH LANGUAGE LEARNER (continued)

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

What is the students current proficiency level in English? _____

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

Attach a copy of most recent WIDA scores.

MOTOR IMPAIRMENT

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

MOTIVATION

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

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

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

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

Is the student making an effort to learn? Explain:

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

Leland School District
Student Data Sheet

Form SDF

SITUATIONAL TRAUMA

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

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

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

SITUATIONAL TRAUMA (continued)

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

YOUNG CHILDREN (7 and younger)

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

What preschool education has the student received? _____

Has the student experienced adequate stimulation? _____

How much formal education has the student received? _____

What progress has been made based on measurable data? _____

Signature of Classroom Teacher

Date

Signature of Classroom Teacher

Date

Signature of Principal/TST Chairperson

Date

**LELAND SCHOOL DISTRICT
TEACHER NARRATIVE**

Form TN

PERSONAL DATA

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

HOME AND FAMILY INFORMATION

Parent(s)/Guardian(s):

Language(s) Spoken in the Home

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

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

History of Parent Contacts

Has the child's parent(s) requested a comprehensive evaluation or "testing" for the child verbally or in writing?
☐ Yes ☐ No

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

Date	Reason for Contact	Results

REFERRAL INFORMATION

Child's Strengths

Describe the child's strengths.

Reason for Referral

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

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

By whom: _____ When: _____

Results: _____

COGNITIVE AND ACADEMIC CONCERNS

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

Cognitive Concerns

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

If yes: Indicate: ☐ One-step directions only ☐ Two-step directions ☐ Multi-step directions

If no: Describe any additional support the child requires to understand and follow directions.

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

Academic Concerns

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

☐ Listening comprehension

☐ Basic reading skills

☐ Mathematics calculation

☐ Oral expression

☐ Reading fluency skills

☐ Mathematics reasoning

☐ Written expression

☐ Reading comprehension

☐ Other: _____

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

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

Describe how you communicate these expectations to the child.

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

☐ independent seatwork

☐ whole class instruction

☐ cooperative/small group learning

☐ independent reading

☐ whole class discussions

☐ small group activities/projects

☐ child-directed activities

☐ highly-structured activities

☐ one-on-one/peer-assisted learning

Describe how the child participates in the classroom.

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

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

How much explanation does s/he need?

☐ less than most

☐ about the same

☐ more than most

How much guided practice does s/he need?

☐ less than most

☐ about the same

☐ more than most

How much independent practice does s/he need?

☐ less than most

☐ about the same

☐ more than most

How much feedback does s/he need?

☐ less than most

☐ about the same

☐ more than most

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

How much initiative does s/he demonstrate?

☐ less than most

☐ about the same

☐ more than most

How conscientious or attentive to detail is s/he?

☐ less than most

☐ about the same

☐ more than most

How much persistence does s/he demonstrate?

☐ less than most

☐ about the same

☐ more than most

How often does s/he ask for assistance?

☐ less than most

☐ about the same

☐ more than most

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

ADAPTIVE CONCERNS

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

MEDICAL / PHYSICAL CONCERNS

General Health

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

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

Does the child receive physical or occupational therapy? ☐ Yes ☐ No (skip to next question)
☐ PT - frequency: _____
☐ OT - frequency: _____

Hearing and Vision

Has the child been screened for hearing and/or vision? ☐ Yes ☐ No (skip to next question)
☐ Hearing only ☐ Vision only ☐ Hearing and vision
Hearing results: _____
Vision results: _____

Does the child use devices to assist with hearing or vision? ☐ Yes ☐ No (skip to next question)
☐ Hearing aids (when acquired: _____) ☐ Glasses (when acquired: _____)
Describe any concerns you have about the child's hearing or vision.

Motor Skills

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

COMMUNICATION CONCERNS

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

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

Does the child express his/her wants/needs/ideas/feelings appropriately for her/his age?
☐ Yes (skip to next question) ☐ No
Explain:

Does the child misarticulate speech (e.g., omissions, substitutions, distortions, additions)?
☐ Yes ☐ No (skip to next question)
Explain:

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

SOCIAL, EMOTIONAL, AND BEHAVIORAL CONCERNS

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

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

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

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

☐ social skills instruction - frequency: _____

☐ counseling services - frequency: _____

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

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

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

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

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

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

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

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

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

- | | | |
|--|--|---|
| <input type="checkbox"/> Stealing or lying | <input type="checkbox"/> Suspected gang involvement | <input type="checkbox"/> Defiance/oppositional behavior |
| <input type="checkbox"/> Suspected drug/alcohol abuse | <input type="checkbox"/> Abusive to others | <input type="checkbox"/> Destructive behavior |
| <input type="checkbox"/> Denies mistakes/blames others | <input type="checkbox"/> Cheating on assignments/tests | <input type="checkbox"/> Truancy/cuts classes |

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

Disciplinary Actions

Has the child ever:

- ☐ been suspended from school (indicate the reason for each suspension and the total days of each suspension)

- reason: _____	days: _____
- reason: _____	days: _____
- reason: _____	days: _____
- reason: _____	days: _____

- ☐ been expelled from school (indicate the reason for expulsion and the amount days of expulsion)

- reason: _____	days: _____
- reason: _____	days: _____

ADDITIONAL INFORMATION

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

Form completed by _____

Date completed _____

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

General Physical ☒ No problems noted.

Always complains of feeling sick	Takes prescription medicine	Has improper eye movements
Is continually thirsty	Wears glasses	Seizures observed in classroom
Has fluid draining from ears	Complains of double/blurred vision	Often has bruises on body
Wears hearing aids	Frequently squints/rubs eyes	Tics – involuntary movements/noises
Has frequent earaches	Eating problems	Has a serious illness
Complains of not being able to see the board	Holds printed material too close/too far away	Health problems that require special care
Other (Specify):		

Gross Motor ☒ No problems noted.

Difficulty going up/down stairs, alternating feet	Difficulty throwing a ball	Has unusual gait
Problems with lower body motor movement	Difficulty catching a ball	Problems with balancing
Problems with upper body motor movement	Difficulty hopping, skipping, or jumping	Uses walker/wheelchair
Other (Specify):		

Fine Motor ☒ No problems noted.

Problems with reaching/retaining motions	Problems with grasping reflex	Difficulty copying letters/numbers/words
Cannot transfer objects hand to hand	Difficulty holding crayon/pencil	Difficulty spacing
Difficulty cutting paper with scissors	Difficulty building a tower of blocks	Other (Specify):
Difficulty tying/buttoning/zippping	Difficulty staying in lines when writing	

Social Skills ☒ No problems noted.

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

Adaptive Behavior ☒ No problems noted.

Need for a high degree of supervision	Unable to wash/dry hands independently	Not toilet trained
Immature for his/her age	Inadequate skills in exchange of money	Inadequate skills in telling time
Has only younger playmates	Inadequate skills in using telephone	
Constant thumb/finger sucking	Does not engage in independent community skills	
Constant hair chewing	Inadequate skills in appropriate personal hygiene	
Difficulty feeding self	Lacks daily living skills such as sweeping, mopping, using washer/dryer, etc.	
Other (Specify):		

Behavior ☒ No problems noted.

Unable to interact with minimal friction	Frequently quarrels, pouts, or sulks	Difficulty staying on task
Denies mistakes/blames others	Insults other students/adults	Easily frustrated
Prefers to be alone or isolated	Acts before thinking/impulsive	Easily loses temper
Frequently found to be untruthful	Yells at other students/adults	Teases others
Mute/refuses to speak	Fails to complete assignments	Bullies others
Threatens other students	Fails to turn in homework	Interrupts others
Puts down peers	Refuses to complete work	Fails to bring materials to class
Difficulty paying attention to a task, extracurricular activity, or academics		
Disciplinary actions have been initiated by principal or other school authorities		
Oppositional/resistant/noncompliant/negative/defiant		
Disciplinary actions initiated through juvenile court system		
Other (Specify):		

Emotional ☒ No problems noted.

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

Receptive Language ☒ No problems noted.

Difficulty comprehending new ideas	Does not understand vocabulary words related to the curriculum
Does not comprehend questions	Does not understand age-appropriate vocabulary
Does not understand spoken directions	Does not understand information in class that is presented orally
Cannot identify simple objects	Does not follow multi-step directions
Does not demonstrate use of position words such as on, under, front, behind, beside, over, etc.	
Other (Specify):	

Expressive Language ☒ No problems noted.

Difficulty organizing thoughts	Nonverbal	Uses oral grammar incorrectly
Does not use age appropriate grammar	Difficulty asking questions	Hesitant to engage in verbal interaction
Difficulty finding the right words	Silent much of the time	Difficulty giving directions
Does not tell definitions of words	Cannot retell a story	Difficulty telling a story
Difficulty putting thoughts down on paper	Does not use spoken compound sentences	Does not name objects/actions in pictures
Uses immature words	Uses immature sentence patterns	
Verbal responses do not relate to questions asked or subject under discussion		
Other (Specify):		

Speech ☒ No problems noted.

Articulation	Voice	Fluency
Substitutes one sound for another	Too loud or too soft	Rate of delivery too fast or too slow
Omits sounds	Consistently hoarse/harsh/breathy	Disruption in normal flow of speech
Distorts sounds	Nasal sounding – like a constant cold	Words prolonged
Difficulty sequencing sounds	Pitch too high or too low	Excessive repetition syllable/sound/word
Difficult to understand	Voice "lost" by end of or during day	Interferes with daily communication
Able to self-correct errors	Quality makes difficult to understand	Inserts unnecessary words into speech
Uses dialect	Quality resulting from culture	
If additional characteristics are noted in any area of speech, please specify:		

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

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

LELAND SCHOOL DISTRICT
Form TN

**LELAND SCHOOL DISTRICT
DEVELOPMENTAL HISTORY (Ages 3 – 9)**

Form DH 1

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)

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

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

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

- | | | |
|--|---|--|
| <input type="checkbox"/> Motor vehicle accident(s) | <input type="checkbox"/> Fall-related injury(ies) | <input type="checkbox"/> 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)

- | | | |
|--|--|---|
| <input type="checkbox"/> Eating difficulties/disorders | <input type="checkbox"/> Sleeping difficulties/disorders | <input type="checkbox"/> Toileting difficulties/disorders |
|--|--|---|

Explain: _____

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

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

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

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

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

Explain: _____

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

Explain: _____

Hearing and Vision

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

☐ Hearing only

☐ Vision only

☐ Hearing and vision

Hearing results: _____

Vision results: _____

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

☐ Hearing aids (when acquired: _____)

☐ Glasses (when acquired: _____)

Motor Development

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

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

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

EDUCATIONAL BACKGROUND

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

Name: _____

Phone: _____

Address: _____

Teacher: _____

Describe any difficulties your child has had with learning activities.

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

By whom: _____

When: _____

Results: _____

COGNITIVE / ADAPTIVE DEVELOPMENT

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

☐ One-step directions only

☐ Two-step directions

☐ Multi-step directions

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

☐ Name

☐ Age

☐ Gender

☐ Parent(s) name(s)

☐ Address

☐ Home phone number

Does your child:

☐ Identify parts of the body

☐ Identify colors

☐ Count (highest number: _____)

☐ Identify letters of the alphabet

☐ Play with building toys/puzzles

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

☐ Looks at books independently

☐ Enjoy being read to

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

☐ Recognize written words

☐ Read books independently

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

Does your child independently:

☐ Drink from a cup without spilling

☐ Dress self completely

☐ Use toilet without accidents during day

☐ Eat with a spoon and fork

☐ Put shoes on correct feet

☐ Use toilet without accidents during night

☐ Brush hair and teeth

☐ Put on a coat/jacket

☐ Clean table/space after eating/activity

☐ Bathe self

☐ Make up bed

☐ Cross the street safely

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

COMMUNICATION DEVELOPMENT

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

Explain:

How does your child communicate?

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

Does your child...

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

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

- ☐ Family/caregivers ☐ Other children ☐ Unfamiliar adults

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

SOCIAL / EMOTIONAL DEVELOPMENT

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

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

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

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

- | | | | |
|--|--|---|---|
| How active is your child? | <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 DEVELOPMENTAL HISTORY (Ages 10 – 21)

***VOTE:** 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
1.			Special Needs <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 behavior, learning, or functioning (e.g., inattention, angry outbursts, withdrawn, difficulties with school work, difficulties with adults or peers, etc.).

Life Events or Family Transitions

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

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

MEDICAL / PHYSICAL**Developmental**

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

General Health

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

Explain: _____

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

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

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

- | | | |
|--|---|--|
| <input type="checkbox"/> Motor vehicle accident(s) | <input type="checkbox"/> Fall-related injury(ies) | <input type="checkbox"/> Significant blow(s) to the head |
| <input type="checkbox"/> Other: _____ | | |

Explain: _____

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

- | | |
|--|--|
| <input type="checkbox"/> Eating difficulties/disorders | <input type="checkbox"/> Sleeping difficulties/disorders |
|--|--|

Explain: _____

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

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

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

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

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

Explain: _____

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

Explain: _____

Hearing and Vision

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

☐ Problems with hearing only

☐ Problems with vision only

☐ Problems with hearing and vision

Hearing difficulties: _____

Vision difficulties: _____

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

☐ Hearing aids (when acquired: _____)

☐ Glasses (when acquired: _____)

Physical Functioning

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

EDUCATIONAL / COGNITIVE

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

Does your child regularly need:

☐ significant help with homework

☐ afterschool tutoring

☐ significant help organizing their school work

☐ follow-up to ensure s/he completes homework

☐ instructions or directions to be repeated or explained

Indicate any areas that your child has difficulties with:

☐ Getting along with teachers

☐ Basic math calculations

☐ Reading aloud, pronouncing words

☐ Planning ahead/solving problems

☐ Figuring money, time, etc.

☐ Understanding what s/he reads

☐ Other: _____

☐ Other: _____

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

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

By whom: _____

When: _____

Results: _____

ADAPTIVE

Does your child independently:

☐ Groom his/herself appropriately

☐ Run errands for the family

☐ Take care of his/her possessions

☐ Complete chores at home

☐ Handle money/make change

☐ Take care of younger siblings or relatives

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

COMMUNICATION

Indicate any areas that your child has difficulties with:

☐ Articulation (e.g., pronouncing sounds and words)

☐ Receptive language (e.g., understanding what others say)

☐ Expressive language (e.g., express thoughts and feelings)

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

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

Explain: _____

SOCIAL / EMOTIONAL / BEHAVIORAL**Indicate if your child has had any of the following difficulties:**

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

*Describe any concerns you have about your child's ability to get along with peers.***Indicate if your child has had any of the following difficulties:**

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

*Describe any concerns you have about your child's emotional functioning.***Has your child ever received counseling services?** ☐ Yes ☐ No (skip to next question)

Explain: _____

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

- | | | | |
|--|--|---|---|
| How active is your child? | <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"/> Stealing or lying | <input type="checkbox"/> Gang involvement | <input type="checkbox"/> Defiance/oppositional behavior |
| <input type="checkbox"/> Drug/alcohol abuse | <input type="checkbox"/> Cruelty to animals | <input type="checkbox"/> Destructive behavior/starts fires |

Has your child:☐ skipped school repeatedly or had a truancy officer contacted to address lack of school attendance☐ been suspended from school [indicate the reason for each suspension and the total days of each suspension]

- reason: _____ days: _____

- reason: _____ days: _____

- reason: _____ days: _____

- reason: _____ days: _____

- reason: _____ days: _____

☐ been expelled from school [indicate the reason for expulsion and the amount days of expulsion]

- reason: _____ days: _____

- reason: _____ days: _____

- reason: _____ days: _____

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

ADDITIONAL INFORMATION

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

What is the best day and time to contact you?

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

Form completed by _____

Date completed _____

LELAND SCHOOL DISTRICT CLASSROOM OBSERVATION

PERSONAL DATA

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

AREA(S) OF CONCERN

<p>Indicate any academic area(s) of concern:</p> <p><input type="checkbox"/> Listening comprehension</p> <p><input type="checkbox"/> Oral expression</p> <p><input type="checkbox"/> Written expression</p> <p><input type="checkbox"/> Basic reading skills</p> <p><input type="checkbox"/> Reading fluency skills</p> <p><input type="checkbox"/> Reading comprehension</p> <p><input type="checkbox"/> Mathematics calculation</p> <p><input type="checkbox"/> Mathematics reasoning</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Other: _____</p>	<p>Indicate any behavioral area(s) of concern:</p> <p><input type="checkbox"/> Inattention, hyperactivity, and/or impulsivity</p> <p><input type="checkbox"/> Planning ahead/problem solving</p> <p><input type="checkbox"/> Social interaction/social problem solving</p> <p><input type="checkbox"/> Externalizing emotional/behavioral concerns (e.g., disruptive behaviors or explosive outbursts)</p> <p><input type="checkbox"/> Internalizing emotional/behavioral concerns (e.g., withdrawn, fearful, or depressed)</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Other: _____</p>
---	--

OBSERVATIONAL SETTING

Location:	Subject(s) observed:	Teacher(s):
-----------	----------------------	-------------

Describe the physical environment (e.g., arrangement of seating, classroom organization, level of noise/activity).

SUPPORTS FOR LEARNING

<p>Instructional method(s) observed: (check all that apply)</p> <p><input type="checkbox"/> Independent seatwork</p> <p><input type="checkbox"/> Independent reading</p> <p><input type="checkbox"/> Child-directed activities</p> <p><input type="checkbox"/> Other: _____</p>			<p><input type="checkbox"/> Whole class instruction</p> <p><input type="checkbox"/> Whole class discussions</p> <p><input type="checkbox"/> Highly-structured activities</p>	<p><input type="checkbox"/> Cooperative/small group learning</p> <p><input type="checkbox"/> Small group activities/projects</p> <p><input type="checkbox"/> One-on-one/peer-assisted learning</p>
---	--	--	--	--

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

Extensive support	Some support	Limited support	Supporting evidence:

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

Extensive support	Some support	Limited support	Supporting evidence:

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

Extensive support	Some support	Limited support	Supporting evidence:

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

Extensive support	Some support	Limited support	Supporting evidence:

SUPPORTS FOR BEHAVIOR

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

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

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

Extensive support	Some support	Limited support	Supporting evidence:

Classroom rules and routines are clearly understood by the child.

Extensive support	Some support	Limited support	Supporting evidence:

Directions are clear and reasonable for the child to achieve.

Extensive support	Some support	Limited support	Supporting evidence:

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

Extensive support	Some support	Limited support	Supporting evidence:

OBSERVATION SUMMARY

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

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

Observer:

Position:

Observation Date:

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:

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 will submit a separate statement with my conclusions.	
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:

**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

Form PR

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: _____

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	
<p>Leland School District proposes to:</p> <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: _____ 	<p><i>Describe the specific action proposed:</i></p>
<p>This action will go into effect:</p> <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	
<p>Leland School District refuses to:</p> <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: _____ 	<p><i>Describe the specific action refused:</i></p>

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:

HHC-V - GREENVILLE
464 SOUTH BEAUCHAMP STREET
GREENVILLE, MS 38701

PHONE: (662) 332-4600

CUST NO:	694861	JOB NO:	000	PURCHASE ORDER:	242845	REFERENCE:	PO#242845	TERMS:	NET 10TH	CLERK:	LA14663	DATE/TIME:	5/13/25	1:03
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TERMINAL: 3814

TAX: V01 HHC GREENVILLE TAXABL

SOLD TO:
LELAND SCHOOL DISTRICT
408 E 4TH ST
LELAND
MS 38756-0000

SHIP TO:

662-686-5000

INVOICE: 1459 /V

LINE	SHIPPED	ORDERED	UM	SKU	DESCRIPTION	SUGG	UNITS	PRICE/	PER	EXTENSION
1	17	17	FT	1101417	S/G CASING 2-1/4 COLONIAL		17	1.59 /FT		27.03 N
2	1	1	EA	1025638	70045000 WOOD STAIN GNSTCK 1QT		1	14.99 /EA		14.99 N
3	1	1	EA	1048403	4 PC PE BRUSH SET WD HANDLE 12Y		1	11.99 /EA		11.99 N

REPRINT

TAXABLE
NON-TAXABLE
SUBTOTAL

0.00
54.01
54.01

(RICKY BELGON)
** AMOUNT CHARGED TO STORE ACCOUNT **
54.01

TAX AMOUNT

0.00

TOTAL

54.01

Received By

Ricky Belgon

TOT WT: 0.00



HHC-V - GREENVILLE
 464 SOUTH BEAUCHAMP STREET
 GREENVILLE, MS 38701
 PHONE: (662) 332-4600

CUST NO	694861	JOB NO	000	REFERENCE	PO # 242993	TERMS	NET 10TH	CLERK	LA14863	DATE / TIME	6/18/25 10:05
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SOLD TO:
 LELAND SCHOOL DISTRICT
 408 E 4TH ST
 LELAND MS 38756-0000

SHIP TO:

TAX: V01 HHC GREENVILLE TAXABL

INVOICE: 2112 /

LINE	SHIPPED	ORDERED	UM	SKU	DESCRIPTION	SUGG	UNITS	PRICE /	PER	EXTENSION
1		4	EA	1600916	6125-9-30 ROOF COATING 5GAL		4	54.99	/EA	219.96 N

REPRINT

TOTAL 219.96

TAXABLE 0.00
 NON-TAXABLE 219.96
 SUBTOTAL 219.96
 TAX AMOUNT 0.00

(RICKY BELGON)
 ** AMOUNT CHARGED TO STORE ACCOUNT ** 219.96



TOT WT: 0.00

Received By
Ricky Belgon

HHC-V - GREENVILLE
464 SOUTH BEAUCHAMP STREET
GREENVILLE, MS 38701

PHONE: (662) 332-4600

CUST NO.	694861	JOB NO.	000	PURCHASE ORDER	243016	REFERENCE	PO # 243016	TERMS	NET 10TH	CLERK	KS14655	DATE/TIME	7/1/25	11:38
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TERMINAL: 3811

TAX: V01 HHC GREENVILLE TAXABL

INVOICE: 2350 /V

SOLD TO
LELAND SCHOOL DISTRICT
408 E 4TH ST
LELAND
MS 38756-0000

SHIP TO

662-686-5000

LINE	SHIPPED	ORDERED	UM	SKU	DESCRIPTION	SUGG	UNITS	PRICE/	PER	EXTENSION
1			5	EA	6125-9-30 ROOF COATING 5GAL		5	54.99	/EA	274.95 N

REPRINT

TAXABLE
NON-TAXABLE
SUBTOTAL

0.00
274.95
274.95

(RICKY BELGON)
** AMOUNT CHARGED TO STORE ACCOUNT **
274.95

TAX AMOUNT

0.00

TOTAL

274.95

Received By

X Ricky Belgon

TOT WT: 0.00



HHC-V - GREENVILLE
464 SOUTH BEAUCHAMP STREET
GREENVILLE, MS 38701

PHONE: (662) 332-4600

CUST NO:	694861	JOB NO:	000	PURCHASE ORDER:	REFERENCE:	TERMS:	NET 10TH	CLERK:	LA14663	DATE/TIME:	8/18/25	8:04
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SOLD TO:
LELAND SCHOOL DISTRICT
408 E 4TH ST
LELAND
MS 38756-0000

SHIP TO:

TAX: V01 HHC GREENVILLE TAXABL

662-686-5000

INVOICE: 3245 /

LINE	SHIPPED	ORDERED	UM	SKU	DESCRIPTION	SUGG	UNITS	PRICE/	PER	EXTENSION
1		1	EA	1005286	BF24TFRED 24IN 120V 2-SPEED FAN		1	179.99	/EA	179.99 N

REPRINT

TAXABLE 0.00
NON-TAXABLE 179.99
SUBTOTAL 179.99
TAX AMOUNT 0.00
TOTAL 179.99

(RICKY BELGON)
** AMOUNT CHARGED TO STORE ACCOUNT ** 179.99



TOT WT: 0.00

Received By

Ricky Belgon