

PR-01 PRIOR WRITTEN NOTICE TO PARENTS

CHILD'S INFORMATION

NAME: _____ DATE OF BIRTH: _____ DATE OF NOTICE: _____

This is to notify you of the district's action:

TYPE OF ACTION TAKEN

- Proposes to initiate an initial evaluation
- Refusal to initiate an evaluation
- Expedited evaluation
- Change of placement
- Change of placement for disciplinary reasons
- Proposes to change the identification, evaluation or educational placement of the child or provision of FAPE
- Refusal to change the identification, evaluation or educational placement of the child or provision of FAPE
- Reevaluation
- IEP issues/meetings where the parent(s) disagree with the district
- Revocation of Consent
- Due process hearing, or an expedited due process hearing, initiated by the district
- Graduation from high school
- Exiting high school due to exceeding the age eligibility for FAPE
- Other

2. A description of the action proposed or refused by the school district:

3. An explanation of why the school district proposes or refuses to take the action:

4. A description of other options that the IEP team considered and the reasons why those options were rejected:

5. A description of each evaluation procedure, assessment, record or report the school district used as a basis for the proposed or refused action:

6. A description of other factors that are relevant to the school district's proposal or refusal:

PROVISION OF PROCEDURAL SAFEGUARDS

As a parent of a child with a suspected or identified disability, you have procedural safeguard protection under the Individuals with Disabilities Education Improvement Act (IDEIA) of 2004. **You will be given a copy of your procedural safeguards once per year.** In addition, you will be given a copy of your procedural safeguards when you request a copy, when your child is referred for their first evaluation, when you request an evaluation for your child, when you file a formal written complaint or request a due process hearing and in accordance with the discipline procedures in 34 CFR 300.530(h).

If you have any questions about the action(s) described in this form, your rights as described in the Procedural Safeguards Notice, other related concerns, or you wish to obtain a copy of the Procedural Safeguards Notice, please contact the following:

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ E-mail: _____

School District: _____

PR-02 PARENT INVITATION

TO: _____

DATE: _____

FROM: _____

WRITTEN NOTICE NUMBER: _____

I am inviting you to attend a meeting to discuss the educational needs of:

CHILD'S NAME: _____ DATE OF BIRTH: _____

PURPOSE FOR MEETING (Check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> To determine if a child has a suspected disability | <input type="checkbox"/> To discuss transition from early childhood to school-age programs |
| <input type="checkbox"/> To develop an evaluation plan | <input type="checkbox"/> To discuss transition from school-age to secondary programs/activities |
| <input type="checkbox"/> To determine eligibility for services as a child with a disability | <input type="checkbox"/> To discuss disciplinary matters |
| <input type="checkbox"/> To develop, review, and/or revise the student's IEP | <input type="checkbox"/> At your request to discuss: _____ |
| <input type="checkbox"/> To determine reevaluation needs | <input type="checkbox"/> Other: _____ |

THIS CONFERENCE WILL BE SCHEDULED AS A: (check all that apply)

- Face to face meeting Video conference Telephone conference/Conference Call

DATE: _____ TIME: _____ LOCATION: _____

OTHER PERSONS WHO HAVE BEEN INVITED TO ATTEND THIS MEETING INCLUDE:

- | | | |
|--|--|--------------------------------|
| <input type="checkbox"/> Regular Education Teacher | <input type="checkbox"/> Student | <input type="checkbox"/> Other |
| <input type="checkbox"/> Intervention Specialist | <input type="checkbox"/> School Psychologist | |
| <input type="checkbox"/> Speech and Language Pathologist | <input type="checkbox"/> District Representative | _____ |

You are welcome to bring any information, including formal or informal test results, work samples, etc., to the meeting. You may bring someone who has knowledge or special expertise regarding your child or someone to assist you at the meeting.

If you would like to schedule the conference at a different time, date, or location, or schedule a different type of meeting, or if you require an interpreter, please contact:

CONTACT: _____ PHONE: _____

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RESPONSE TO PARENT INVITATION

COMPLETE AND RETURN TO THE CHILD'S SCHOOL

CHILD'S NAME: _____

DATE OF BIRTH: _____

- I will attend/participate I will not attend/participate

- Another/Others will accompany me (optional)

I would like the location of this meeting changed to: _____

I would like to change the type of meeting to: _____

I would like this meeting rescheduled for the following suggested date and time: _____

- A bilingual or sign language interpreter is requested.

Desired language/mode of communication _____

PARENT SIGNATURE: _____ DATE: _____

PR-03 MANIFESTATION DETERMINATION REVIEW

In carrying out a manifestation determination review, the local educational agency, the parent, and relevant members of the IEP team (as determined by the parent and the local educational agency) shall review all relevant information in the student's file, including the child's IEP, any teacher observations, and any relevant information provided by the parents of the child.

CHILD'S INFORMATION

CHILD'S NAME _____ DATE OF BIRTH: _____

ID NUMBER: _____

NATURE OF THE CHILD'S DISABILITY

NATURE OF THE BEHAVIOR SUBJECT TO DISCIPLINARY ACTION:

DETERMINATION OF THE RELATIONSHIP OF THE BEHAVIOR OF CONCERN TO THE STUDENT'S DISABILITY

1. In relationship to the behavior subject to disciplinary action

- a. Did the IEP team review relevant information in the student's file and the student's IEP? Yes No
- b. Did the IEP team review relevant information presented by the parents and teacher observations? Yes No
- c. Did the IEP team determine that the conduct in question was caused by/or had a direct and substantial relationship to the child's disability? Yes No
- d. Was the child's conduct a direct result of the district's failure to implement the IEP? Yes No

The behavior is a manifestation of the student's disability, if the IEP team indicated "Yes" on item c or d of 1 above.

CONCLUSION

DATE OF MANIFESTATION DETERMINATION REVIEW: _____

Signature: _____

Title: _____

PR-04 REFERRAL FOR EVALUATION

CHILD'S INFORMATION

NAME: _____ ID NUMBER: _____
STREET: _____ GENDER: _____ GRADE: _____
CITY: _____ STATE: OH ZIP: _____
DATE OF BIRTH: _____

BUILDING OF CURRENT ATTENDANCE: _____

TEACHER(S): _____

STUDENT'S NATIVE LANGUAGE (if not English): _____

PARENTS' / GUARDIAN INFORMATION

NAME: _____
STREET: _____
CITY: _____ STATE: OH ZIP: _____
HOME PHONE: _____ WORK PHONE: _____
CELL PHONE: _____ EMAIL: _____

PARENT'S NATIVE LANGUAGE (if not English): _____

Reason for Referral:

EDUCATIONAL HISTORY

Provide data about the child's progress in the general curriculum or, for the preschool-age child, data pertaining to the child's growth and development:

Provide data from previous interventions, including Interventions required by rule 3301-35-06 or; for the preschool child, data from early intervention, community or preschool providers:

Provide any relevant trend data beyond the past twelve months, including the review of current and previous IEPs:

Number of school districts attended: _____

Years at present school building: _____

List schools/early childhood programs and dates:

ATTENDANCE:

Regular Irregular

Is this student age-appropriate for grade level? Yes No

BACKGROUND INFORMATION

A. Health Data

Do you suspect problems with Vision Hearing

Does the student Wear Glasses Use hearing aid(s)

Does the student take medication Yes No

PR-04 REFERRAL FOR EVALUATION

If yes, specify type and purpose:

Does the student have any health/developmental/physical problems of which you are aware?

Yes

No

If yes, please explain:

B. Environmental Factors

Describe any specific home factors that might affect the student's performance in school

For Preschool Children Only

(please check the area(s) of concern):

Eating

Receptive Communication

Cognitive

Vision

Other

Dressing

Expressive Communication

Fine Motor

Social/Emotional Behavior

Toileting

Hearing

Play

Attention

Gross Motor

Describe any other pertinent information not previously described:

SIGNATURES

Signature of Person Initiating the Referral

Signature of Person Receiving the Referral

Position or Relationship to Student

Title

Date

Date Received

Date District Suspects a Disability

PR-05 PARENT CONSENT FOR EVALUATION

TYPE OF EVALUATION

Initial Evaluation

Reevaluation (if additional assessment is to be conducted)

PART 1: TO GRANT CONSENT

I HEREBY GIVE MY PERMISSION FOR _____ to receive an evaluation(s) by designated personnel. I understand the evaluation information will be shared by teachers, principals, and other appropriate school personnel, and that the school district will forward educational records upon request to another school district or educational agency in which my child seeks or intends to enroll. I further understand that my granting of consent is voluntary on my part and I may revoke my consent at any time.

I have received a copy of my procedural safeguards and I understand the information provided.

Signature of parent/legal guardian/custodian, or student (if age 18 or older) _____ Relationship to Child _____ Date _____

PART 2: TO REFUSE CONSENT

(Do Not complete Part II if you completed Part I)

I have received a copy of my procedural safeguards and I understand the information provided.

I DO NOT GIVE MY PERMISSION for an evaluation for: _____

Reasons: (It would be helpful to school personnel who are designing an educational program to meet your child's unique needs if you would share with us your reasons for not giving your permission for an evaluation.)

Signature of parent, legal guardian, custodian, or student (if 18 or older) _____ Relationship to Child _____ Date _____

PART 3 (To be completed by the school)

Information about the evaluation and a copy of the procedural safeguards notice were presented/sent by:

Signature of school district representative _____ Date(s) _____

The parents' native language is _____

If not English, was the information provided in the native language or other mode of communication of the parents? YES NO

If no, explain:

If the native language or other mode of communication is not a written language, attach documentation of the steps taken to ensure that the notice was explained and that the parent understands the content of the notice.