

Radford City Public Schools

1612 Wadsworth Street
PO Box 3698
Radford, VA 24141
540-731-3647

Student ID:
FTE Number:
Date of Birth:

Meeting Notice

To the Parent/Student Student: _____ Date of IEP meetings: _____

Please check your choice. Detach and return this section to _____ Fax _____

Parent Student WILL ATTEND the IEP meeting as scheduled.

Parent Student CANNOT ATTEND the IEP meeting as scheduled.

I understand the importance of attending. You may hold this meeting in my absence.

Please reschedule this meeting.

(month/day/year)_____ at (time/place)_____.

Please contact me at _____ to determine a mutually agreeable date, time, and place for this IEP meeting.

I can participate by an alternate method (Select an option below).

Other: _____

I give permission to proceed without a meeting.

Parent Student would like my preferences, interests, concerns shared with the IEP team.

I will provide my input to you by: ___ Mail, ___ Telephone, ___ other means _____ prior to the meeting.

I will need the following accommodations for this IEP meeting: _____

Parent Signature _____ Date _____ Date received by the school _____

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Student ID:
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Excused Team Members

Student's Name: _____ ID#: _____ Date of Birth: _____

Attending School: _____ Grade: _____

Home School: _____

Parent/Guardian/Surrogate Name: _____

Address: _____ Home#: _____ Work#: _____

There is a meeting in reference to your child to be held on (date) _____ at (time) _____
at (place) _____

The following team members have requested excusal from the meeting:

Name	Title	Reason

If the member's area of the curriculum or related service will not be discussed, the member may be excused without submitting comments in writing. If the member's area of curriculum or related service will be discussed, they may be excused but must provide comments in writing and submit this to the team in lieu of their appearance.

I agree to excuse the above team members from the meeting.

I do not agree to excuse the above team members from the meeting.

Signature of Parent

Date

Signature of District Representative

Date

Student ID:
FTE Number:
Date of Birth:

Behavioral Intervention Plan (BIP)

Student: _____ Date of Plan: _____

ID: _____ DOB: _____

Grade: _____ Disability: _____

Individual Completing Report: _____

Participants In Developing Plan

_____	_____
_____	_____
_____	_____
_____	_____

Description of problem: (Summary of FBA; attach form)

Goal: (Anticipated behavior changes. May list more than one.)

Plan: (May address more than 1 behavior)

Preventing Techniques:

Intervention Strategies:

Teaching Techniques:

Person Responsible:

Positive Reinforcers:

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Behavioral Intervention Plan (BIP)

Evaluation/Maintenance Schedule (Dates)

Signature of IEP Participants:

<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____

Student ID:
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Prior Notice

Student's Name: _____ Date: _____

Student ID Number: _____

Prior Notice of and Placement Decision

The school division proposes to implement this IEP and the placement decision as written. This proposed IEP and placement will allow the student to receive a free appropriate public education in the least restrictive environment. This decision is based upon a review of current records, current assessments, and the student's performance as documented in the Present Level of Educational Performance. Other options considered, if any, and the reason for their rejection are attached, or can be found in the Placement Decision section of this IEP.

Additionally, other factors, if any, that are relevant to this proposal are attached. When the parent(s) and adult student were notified of the meeting to develop this IEP, they were provided a copy of the procedural safeguards that explains their rights. If you, the parent(s) and adult student, need another copy of the procedural safeguards or need assistance in understanding this information, please contact

_____ at _____ or e-mail _____ or
_____ at _____ or e-mail _____.

_____ Parent(s) initials here indicate that the parent(s) has read the above prior notice and attachments, if any, before giving permission to implement this IEP and the placement decision.

Parent/Adult Student Consent: Indicate your response by checking the appropriate space and sign below.

I give permission to implement this IEP and the placement decision.

I do not give permission to implement this IEP and the placement decision.

I understand that my child's IEP committee met on _____ and determined, based on a review of data obtained, that my child is no longer eligible for the related service of _____

I give consent for the termination of this related service, _____, for my child.

I do not consent for the termination of this related service, _____, for my child.

I have received a copy of my rights as a parent of a child eligible for special education services.

Parent Signature or Adult Student Signature (if appropriate)

Date

Transfer of Rights at the Age of Majority (Age 18):

Indicate the date that the student and parent were informed of the transfer of parental rights under IDEA to the adult student at the age of 18. This must occur at least one year prior to the age of 18.

Date School Official Signature

I was informed of the parental rights under IDEA and that these rights transfer to me at age 18.

Date Student Signature

I was informed of the parental rights under IDEA that transfer to my child at age 18.

Date Parent Signature

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Prior Notice

Describe other options considered and the reasons for their rejection:

List other factors that are relevant to this proposal:

After consideration we refuse to:

Reasons for the refusal(s):

Student ID:
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Prior Notice

Description of each evaluation procedure, test, record, or report used as a basis for the refusal(s):

Description of any options considered and the reasons why those options were rejected:

Description of any other factors which are relevant to the refusal(s):

Note:

When the parent(s) and adult student were notified of the meeting to develop this IEP, they were provided a copy of the procedural safeguards that explains their rights. If you, the parent(s) and adult student, need another copy of the procedural safeguards or need assistance in understanding this information please contact _____ at _____ or e-mail _____ or _____ at _____ or e-mail _____.