

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: _____ Letter Dates: _____

Student's Name: _____ Date Sent To Participants: _____

This is to notify you that a/an team meeting has been scheduled for the above student. Your participation and attendance at this meeting are very important. This meeting must be scheduled at a mutually agreed upon time and place. The purpose of this meeting is to (check all that apply):

Functional Behavioral Assessment Other

This meeting has been scheduled for: Date _____ Time _____

Location _____

The following are invited to attend and participate in the meeting:

* If the purpose of the meeting includes the development of transition services needs (beginning at age 14 or younger) the student will be invited. If the purpose of the meeting is the consideration of needed transition services (beginning at age 16 or younger) the student and representatives of the following agencies will be invited:

The parent/adult student or school division may invite individuals who have knowledge or special expertise regarding the student, including related services personnel, to participate. The determination of the knowledge or special expertise shall be made by the person/party extending the invitation. If you, the parent or adult student, are bringing other individuals to the meeting, please let us know. This will ensure that the meeting space will accommodate all team members.

If you have any questions or would like additional information or assistance to help you prepare for this IEP meeting, please contact _____ at _____, e-mail _____.

Procedural Safeguards Notice is enclosed.

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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:

Functional Behavioral Assessment (FBA)

Student: _____

Date of Plan: _____

ID: _____

DOB: _____

Grade: _____

Disability: _____

FBA Participants

_____	_____
_____	_____
_____	_____
_____	_____

Description of target/problem behavior. (Must be observable, using language that is specific and behavioral)

Level of Seriousness.

- Distracting (prevents student from benefiting in or participating in the learning environment)
- Disruptive (disrupts the learning of others)
- Destructive (causes property damage or endangers self or others)

Setting.

Who is present - (persons involved) when the behavior tends to occur?

When the behavior almost never occurs?

What was going on - (events) when the behavior occurs?

When the behavior almost never occurs?

When does behavior - (time) tend to occur?

When the behavior almost never occurs?

Where does behavior - (physical setting) tend to occur?

When the behavior almost never occurs?

How often - (occurrences) does this behavior occur?

Student ID:
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Functional Behavioral Assessment (FBA)

Per hour _____ Per day _____ Per week _____

How long does behavior persist per episode? _____

Identify Antecedent Events and Consequences (These events that logically serve as a stimulus for the current behavior. The consequences that follow and cause the student to maintain specific behavior should be identified and described).

Identify the Function or the Purpose of the Behavior (choose from below)

	Never	Sometimes	Often
A method of getting attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A method of escape or avoidance (i.e., avoiding a demand/request or activity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A method of obtaining something (i.e., activity/item)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other conditions which may affect behavior (e.g., medication, medical conditions, sleep, schedule, social factors).

Hypothesis (Statement describing the relationship between the behaviors, events, and circumstances).

Describe any environment modifications previously made in an attempt to change the targeted behavior.

Describe behaviors that could serve as functional alternatives to the target behavior.

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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 _____.