

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):

___ Manifestation Determination ___ 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:

Disciplinary Manifestation Determination

Student: _____ Date of Birth: _____

School: _____ Date of Meeting: _____

Disability Classification: _____

The IEP committee for this student met to review the relationship between this student's disability and the behavior subject to disciplinary action. The following information was considered in making the review:

1. The behavior subject to disciplinary action; a copy of the principal's letter documenting this behavior is attached.
2. Evaluation and diagnostic results(list dates and type of most recent evaluations):
3. Relevant information supplied by the parents of the student (list date and nature of information):

(New information should become part of the student's record)

4. Observations of the child (list dates of observations):
5. The student's IEP and placement (date of most recent IEP): _____ ; least restrictive environment on most recent IEP: _____
6. The behavioral intervention plan developed/reviewed for this student (Date of development of plan):
7. Other (specify):

Decision:

- Yes No Was the conduct in question caused by the child's disability, or did the conduct in question have a direct and substantial relationship to the child's disability?
- Yes No Was the conduct in question a direct result of the school district's failure to implement the IEP?

Conclusion:

After the review of information and consideration of Decision questions 1-2 (above), the committee has determined:

- The behavior of the student was not a manifestation of the child's disability, and relevant disciplinary procedures applicable to students without disabilities may be applied.
- The behavior of the student was a manifestation of the child's disability; appropriate IEP and placement review will be scheduled.

Committee Members

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Disciplinary Manifestation Determination

	Date		Date
	Date		Date
	Date		Date
	Date		Date

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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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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):

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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 _____.