

**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**

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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):

Service Plan  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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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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**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

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**Service Plan for Student in Private School**

Student: \_\_\_\_\_ Private School: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Home School: \_\_\_\_\_ Meeting Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

I have met with the IEP Team for the purpose of developing an IEP which provides access to a free and appropriate public education for my child. I have been provided a copy of my rights as a parent of a child with a disability and have had the opportunity for them to be explained to me. Though an IEP has been proposed by the Radford City Public Schools that offers a free and appropriate public education, I am electing to enroll my child in a private school. However, Radford City Public Schools has determined that services will be made available in accordance with this Services Plan.

Area of Disability: \_\_\_\_\_

Present Level of Performance:

Short Term Instructional Objectives	Evaluation Method	Mastery Criteria	Review Date

## Mastery Key:

M: Mastered - has learned the skills for the objective

R: Reconsider appropriateness of objective

P: Progressing - shows gain in learning the objective

NA: Not applicable - objective not yet introduced

NP: No Progress - no gains or achievement

Type of Service	Amount of Service	Location	Start Date	End Date

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**Service Plan for Student in Private School**

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I understand that by choosing to enroll my child in a private school I am declining the full services/program that has been offered through the IEP that has been developed. I further acknowledge that my right to challenge the provision of services dictated in this Services Plan is limited to filing a complaint with the Virginia Department of Education.

**Signatures:**

\_\_\_\_\_  
(Parent/Guardian)

\_\_\_\_\_  
(Special Education Teacher)

\_\_\_\_\_  
(LEA Representative)

\_\_\_\_\_  
(General/Private Education Teacher)

\_\_\_\_\_  
(Other)

\_\_\_\_\_  
(Other)



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**Prior Notice**

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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**

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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 \_\_\_\_\_.