

Radford City Public Schools

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

Student ID:
FTE Number:
Date of Birth:

Notice of Meeting

Letter Date(s): _____
Student's Name: _____
Student No: _____ Date of Birth: _____

Dear Parent(s)/Student,

We have completed the assessments necessary to decide if your child is eligible for special education or Section 504 services. We have scheduled a meeting to discuss the results of these assessments. The meeting has been scheduled for:

Date _____ Time _____
Location _____

The eligibility committee is composed of a team of qualified professionals involved with your child, and you, as the child's parent(s). The eligibility committee may also include the following: school principal, your child's teacher, school psychologist, school social worker, special education representative, related services staff, as appropriate, or other persons significant to your child's education. The following are invited to attend and participate in the eligibility meeting:

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 as a member of the eligibility team. 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.

After the discussion, the eligibility committee will determine whether your child is eligible for special education and related services, or whether some other plan in regular education would be more appropriate. A copy of the eligibility minutes will be provided to you. If you do not agree with the decision, you have several options. Attached to this letter is a copy of your rights as a parent. Evaluation reports are available two business days prior to the date of the eligibility meeting.

If your child is eligible for services, a meeting will be scheduled with you to develop an Individualized Education Program (IEP) plan. Your written consent will be required for your child to receive the services described in the plan.

You are also welcome to contact me at _____ for additional information regarding this process.

Please check one of the options below and return to _____ by _____.

Sincerely,

Principal or Designee

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Please complete this form and return.

- I will be able to attend the meeting at _____ on the specified date.
- I cannot come as scheduled. During the day I may be reached at _____ (phone no.) to reschedule a meeting.
- I cannot come as scheduled. I give permission to proceed.
- I have invited the following people to come with me:

Name: _____ Relationship/Title: _____

Parent/Guardian/Surrogate

Date

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Medical Permission

Student: _____ Date of Birth: _____
School: _____

Dear Parents:

Medical Examinations are required for some of the students being evaluated to determine eligibility for special education or Section 504 determination..

If your child has a significant medical history, please utilize the Release/ Exchange of Confidential Information form to enable your physician to communicate and share records with our agency.

If your child has HAD a physical within the past twelve (12) months, this may be used as the medical component. Please complete Part I of the Health Information Form (MCH-213-D) and have your physician complete Part II of this form or send a copy of the complete physical to your child's school.

Sincerely,

Principal or Designee

If your child requires a new physical, you may have your child examined by your own physician at your expense or by a Radford City Public Schools physician at no expense to you. Please check the option you prefer, sign and date.

- I prefer to have my own physician examine my child at my own expense.
- I hereby give permission to Radford City Public Schools to provide a complete medical examination for my child at no expense to me.

Parent / Guardian / Surrogate

Date

Return to Clinic Attendant/School Nurse at your child's school as soon as possible

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Meeting Minutes

I. Date: _____

Student's Name: _____ Birth Date: _____
First Middle Last

Sex: _____ Race: _____ Grade: _____

Parent/Guardian/Surrogate: _____ Student No.: _____

Address: _____ School: _____

Home Phone #: _____ Work Phone #: _____ Work Phone #: _____

II. Summary of Deliberations

Date: _____ Evaluation: _____

Date: _____ Evaluation: _____

III. Eligibility Decision

Eligible for section 504 only Yes No

Eligible for special education services Yes No

If yes, identify educational disability:

Recommended related services:

Essential deliberations supporting the findings of the committee:

Student ID:
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Meeting Minutes

This determination was made recognizing that sufficient instruction in reading and math was provided and the student was proficient in English as the primary language.

Summary of Recommendations Including Present Level of Performance:
(Forwarded to the IEP Committee or Section 504 Committee)

1. Strengths:

2. Weaknesses:

3. Recommendations:

IV. Members present, their signatures and conclusions

Parental consent for eligibility or change is indicated by parental signature.

_____	_____	Dissenting Opinion <input type="checkbox"/>	_____	_____	Dissenting Opinion <input type="checkbox"/>
	Date			Date	
_____	_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
	Date			Date	

Student ID:
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LD Addendum

Date: _____

Student's Name: _____

Student's Number: _____ Date of Birth: _____

I. Does this student have a specific learning disability? Yes No
Basis for making determination:

II. Relevant behavior noted during the observation and the relationship of that behavior to the student's academic functioning:

III. Any educationally-relevant medical findings: See eligible summary on medical-physical findings

IV. This student does not achieve commensurate with his/her age and ability levels in one or more of the following areas when provided with learning experiences appropriate for the student's age and ability levels-

- | | |
|---|--|
| <input type="checkbox"/> Basic Reading Skill | <input type="checkbox"/> Listening Comprehension |
| <input type="checkbox"/> Mathematical Calculation | <input type="checkbox"/> Mathematical Reasoning |
| <input type="checkbox"/> Oral Expression | <input type="checkbox"/> Reading Comprehension |
| <input type="checkbox"/> Written Expression | <input type="checkbox"/> |

This student discrepancy between ability and achievement is not primarily the result of visual, hearing, or motor disability; mental retardation; emotional disturbance; or environmental, cultural, or economic disadvantages.

V. What are the effects of any environmental, cultural, or economic disadvantage as determined by the team.

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Prior Notice

Student's Name: _____

Student's Number: _____

Date of Birth: _____

Dear Parent(s):

The Radford City Public Schools (_____) is required to provide written notice to parents when the schools propose or refuse to initiate a change in the identification, evaluation, or educational placement for the provision of a free appropriate public education (FAPE) for your child.

The following meeting was held regarding your child:

Date of Meeting: _____

Nature of Meeting:

- Child Study
- Eligibility
- Plan

1. Options or actions proposed by Radford City Public Schools:

2. Rationale for why options were proposed:

3. Other options considered:

4. Reason other options were rejected by the division:

Student ID:
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Prior Notice

5. Description of any assessment data or reports used to make the decision:

6. Actions taken:

7. Follow-up meeting date, if appropriate: _____

You have protection under procedural safeguards. A copy of your parental rights is enclosed with this notice. To obtain assistance in understanding the provisions of this part of your rights, you may contact either your child's case manager or the Radford City Public Schools at 540-731-3647.

Principal/Designee Signature

I have received a copy of my parental rights. Yes No

Parent/Guardian Signature

CC: Student file
Case Manager