

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

Transfer Review

Other

This meeting has been scheduled for: Date \_\_\_\_\_ Time \_\_\_\_\_

Location \_\_\_\_\_

The following are invited to attend and participate in the IEP 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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Date of IEP meetings: \_\_\_\_\_

Student: \_\_\_\_\_

To the Parent/Student

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.

No parental response - Will proceed with 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**

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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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**Transfer Review**

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Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ ID#: \_\_\_\_\_

School: \_\_\_\_\_ Disability: \_\_\_\_\_ Eligibility Date: \_\_\_\_\_

Previous LEA: \_\_\_\_\_

Previous School: \_\_\_\_\_

Date of IEP Meeting: \_\_\_\_\_ IEP must be received by: \_\_\_\_\_

I. Discussion/Deliberations of IEP Committee:

II. Recommendations of IEP Committee:

A. Continue Placement in accordance with previous IEP? Yes \_\_\_\_\_ No \_\_\_\_\_

B. Refer to Eligibility Committee (Via CSC)? Yes \_\_\_\_\_ No \_\_\_\_\_

**Signatures of Committee Members**

_____	Date	_____	Date
_____	Date	_____	Date
_____	Date	_____	Date
_____	Date	_____	Date

I do \_\_\_\_\_ do not \_\_\_\_\_ give permission for the action described above

I did \_\_\_\_\_ did not \_\_\_\_\_ participate in the meeting

\_\_\_\_\_  
Date Parent/Guardian Student (as appropriate)

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**Services and Least Restrictive Environment**

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Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

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**Least Restrictive Environment (LRE):**

When discussing least restrictive environment and placement options, the following must be considered:

- To the maximum extent appropriate, the student is educated with children without disabilities.
- Special classes, separate schooling, or other removal of the student from the regular educational environment occurs only if the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.
- The student's placement should be as close as possible to the child's home and unless the an IEP of the student with a disability requires some other arrangement, the student is educated in the school that he or she would attend if he or she did not have a disability.
- In selecting the LRE, consideration is given to any potential harmful effect on the student or on the quality of services that he/she needs.
- The student with a disability is not removed from education in age-appropriate regular classrooms solely because of needed modifications in the general curriculum.

**Free Appropriate Public Education (FAPE):**

When discussing FAPE for this student, it is important for the an IEP Team to remember that FAPE may include, as appropriate:

- Educational Programs and Services
- Proper Functioning of Hearing Aids
- Assistive Technology
- Transportation
- Non-academic and Extracurricular Services and Activities
- Physical Education
- Extended School Year Services
- Length of School Day

**Services:** Identify the service(s), including frequency, duration, and location, that will be provided to or on behalf of the student in order for the student to receive a free appropriate public education (see above). These services are the special education services and, as necessary, the related services, supplementary aids and services, assistive technology, supports for personnel, accommodations and/or notifications\*, and extended school year services\* the student will receive that will address area(s) of need as identified by the an IEP team. Address any needed transportation and physical education services including accommodations and/or modifications.

Service(s)	Provider	Frequency	Location	Duration

\* These services are listed on the "Accommodations/Modifications" page and "Extended School Year Services" page, as needed.

**Placement**

**Transportation:**  Regular       Special

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**Services and Least Restrictive Environment**

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The team may consider placement options in conjunction with discussing any needed supplementary aids and services, accommodations/modifications, assistive technology, and supports for school personnel. In considering the placement continuum options, check those the team discussed. Then, describe the placement selected in the **Placement Decision** section below. Determination of LRE and placement may be one or a combination of options along the continuum.

**Placement Continuum Options Considered:**

- |  |   |
|--|---|
| <input type="checkbox"/> Public Separate School Facility | <input type="checkbox"/> Public Day School                |
| <input type="checkbox"/> Public Separate School Facility | <input type="checkbox"/> Private Separate School Facility |
| <input type="checkbox"/> Public Residential Facility     | <input type="checkbox"/> Private Residential Facility     |
| <input type="checkbox"/> Home Based Program              | <input type="checkbox"/> Hospital                         |
| <input type="checkbox"/> Correctional Education Program  | <input type="checkbox"/> Other                            |

**Placement Decision:**

Based upon identified services and the consideration of least restrictive environment (LRE) and placement continuum options, describe in the space below the placement. Additionally, summarize the discussions and decision around LRE and placement. This must include an explanation of why the student WILL NOT be participating with students without disabilities in the general education class(es), programs, and activities. Attach additional pages as needed.

**Placement Continuum Option Chosen:** \_\_\_\_\_



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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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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 \_\_\_\_\_  
e-mail \_\_\_\_\_ or  
\_\_\_\_\_ at \_\_\_\_\_  
e-mail \_\_\_\_\_.