

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 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):

Discuss Transition Services 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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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:
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Date of Birth:

Secondary Transition

Student's Name: _____ Date: _____

Student ID Number: _____

Transition Services

(Beginning at age 16 or younger)

Are the following postsecondary goals based upon age appropriate transition assessments? **No** **Yes**
If yes, describe the assessments here or refer to the Present Levels of Academic and Functional Performance for this information:

1. POSTSECONDARY EMPLOYMENT GOALS (including integrated employment, supported employment, and adult services):

Is a functional vocational evaluation needed? **No** **Yes**
If yes, describe :

Is specially designed instruction needed? **No** **Yes**
If yes, describe (make sure the IEP addresses this need through goals, services, etc.):

2. POSTSECONDARY EDUCATION/TRAINING GOALS (including continuing and adult education, vocational education, and adult services):

Is specially designed instruction needed? **No** **Yes**
If yes, describe (make sure the IEP addresses this need through goals, services, etc.):

3. INDEPENDENT LIVING/COMMUNITY PARTICIPATION GOALS (where appropriate and including adult services):

Is specially designed instruction needed? **No** **Yes**
If yes, describe (make sure the IEP addresses this need through goals, services, etc.):

Transition - Course of Study

Describe the focus of the student's courses of study (i.e., specify the educational courses and experiences that will assist the student in achieving his/her postsecondary goals). For students pursuing a Modified Standard Diploma, consider the student's need for occupational readiness, including courses to prepare the student as a career and technical education program completer. (Use of local courses of study planning guide that includes the graduation requirements is recommended.)

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Secondary Transition Interagency Responsibilities and Needed Linkages

Student's Name: _____ Date: _____

Student ID Number: _____

1. To assist in achieving post-secondary employment outcomes or goals, the student will be referred to the following agency(ies) or organization(s):

Agency/Organization: _____ Person Responsible for Referral: _____

Reason for Referral Including Requested Service(s): _____

2. To assist in achieving post-secondary education/training goals, the student will be referred to the following agency(ies) or organization(s):

Agency/Organization: _____ Person Responsible for Referral: _____

Reason for Referral Including Requested Service(s): _____

3. To assist in achieving independent living/community participation goals, the student will be referred to the following agency(ies) or organization(s):

Agency/Organization: _____ Person Responsible for Referral: _____

Reason for Referral Including Requested Service(s): _____

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Student ID:
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Summary of Performance

Student's Name: _____ Date: _____

Student ID Number: _____ Grade: _____

DOB: _____ Age*: _____

Parent/Guardian Name: _____

Home Address: _____ Phone # (H): _____

_____ Phone # (W): _____

Person/Position completing this report: _____

Postsecondary Goals:

Employment:

Education / Training:

Independent Living/Community Participation:

Current Academic Achievement: (include courses of study)

Current Functional Performance:

Recommendations for Achieving Postsecondary Goals:

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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 _____.