

**PARENTAL NOTIFICATION LETTERS
BY THE NATCHITOCHE PARISH SCHOOL SYSTEM**

Date: _____ Contact Name: _____

School: _____ Telephone Number: _____

DOB: _____ Local ID#: _____

To _____:

To the Parent(s)/Guardian(s) of _____:

Parents of a child with an exceptionality have legal rights, called procedural safeguards, which are part of the *Regulations for Implementation of the Children with Exceptionalities Act*. The procedural safeguards are found in the enclosed copy of *Louisiana's Educational Rights of Gifted/Talented Children in Public Schools*.

If you are a person with a disability or speak another language these rights can be given to you in a different format or language (e.g., Larger print, Braille, on CD, DVD or tape, or translated into another language). It is important that families be fully informed so that they can participate equally in making decisions about their child's special education.

The following arrangements have been made for the meeting:

Date: _____

Time: _____

Location: _____

This letter of notification is for you to attend a meeting to:

- Discuss the results of the evaluation and documentation of the determination of eligibility.
- Develop, review or amend an individualized education program (IEP) and to determine placement (i.e., services and support, not the building or classroom) for your child. The development of the IEP will be based on information from a variety of sources, including the strengths of the child, the concerns of the parents for enhancing the education of their child, the results of the initial or most recent evaluation of the child, the academic, developmental, and functional needs of the child, and any other special factors. At this meeting we will have a draft copy of the IEP for the Team to review. In all cases, the IEP Team, of which you will be an equal participant, must review each section of the IEP to assure agreement. Any section of the IEP can be revised by the Team before the IEP is finalized.
- Reevaluate your child's need for special education services. Your permission is requested for the reevaluation. The evaluation procedures we plan to use include the following:
 - A review of vision and hearing screening results.
 - A review of existing evaluation data, including evaluations and information provided by you.
 - A review of your child's progress toward meeting annual goals.
 - Interview with you, your child, your child's teacher(s) and related services provider(s).
 - A review of current classroom-based assessments and observations in appropriate settings.
 - Other tests and evaluation procedures that the IEP team decides are necessary.

- Your child will be invited to participate in the IEP Team meeting unless you disagree (if your child is under age of Majority 18).

You may also bring other person(s) with you to assist in planning the IEP. The following persons listed below will be invited to attend this meeting:

School System Personnel:

Officially Designated Representative

Regular Education Teacher

Evaluation Representative

Special Education Teacher

Other

Other

Other

Other

Excusal Request

We are asking permission to excuse the following persons from the meeting:

(name and position)

(name and position)

(name and position)

(name and position)

(name and position)

(name and position)

- This member's area of curriculum or related services **is not** being discussed at the meeting.
- This member's area of curriculum or related services **will be** discussed at the meeting. Included is the member's input to the general student information, academic and functional performance levels and goal(s), amount of services, and any other recommendations for your child.

Please return the attached sheet to indicate whether you plan to attend the IEP Team meeting as scheduled. If this date, time, or location is not convenient for you, please indicate when you can attend. **Return the attached form within three (3) days.**

Student's Name: _____

Please check the appropriate spaces, sign and return to the school within three (3) days to:

Name: _____

School: _____

Pertains to your child:

Applicable

- I have received a copy of *Louisiana's Educational Rights of Gifted/Talented Children in Public Schools*.
Note: Parent(s)/guardian(s) of a child with an exceptionality should receive a copy annually, as well as (1) the first time the child is referred for evaluation; (2) the first time a complaint is filed; (3) whenever a parent asks.
- I have received a copy of the evaluation report and documentation of the determination of eligibility.
- I give permission for you to conduct the reevaluation and any additional tests that may be needed.
- I plan to attend the IEP Team meeting at the time and place indicated in the notification letter. I plan to bring _____ additional person(s) with me.
- I am unable to attend the IEP Team meeting at the time and place indicated in the notification letter. The best day and time for me are: _____.
- I am unable to attend the IEP Team meeting scheduled, in person, but I would still like to participate by telephone conference. Please call me at (____) _____ - _____ at the date and time specified.
- Give permission for you to excuse the attendance of the IEP participants as noted on page 3.

If you have any special needs, please indicate them here: _____

Parent(s)/Guardian(s) Signature

Date

Evaluation

Supervisor

School

Parent