

Parental Notification Letter
Prior Written Notice
Natchitoches Parish School System

Date: _____

Contact Name: _____

School: _____

Telephone No.: _____

DOB: _____

Local ID#: _____

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

Parents of a child with a disability 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 Children with Exceptionalities 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). The Individuals with Disabilities Education Act recognizes that 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 an interim individualized education program (IEP) to provide temporary special educational services concurrent with the evaluation of a student suspected of being exceptional, who has been receiving special education in another state or school system.
- 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 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.
- Consider your child’s transitional services needs. Transitional services are designed to promote movement from school to post-school activities including post-secondary education, vocational training, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation. Beginning not later than the first IEP to be in effect when the child turns 16, (or younger if deemed appropriate by the IEP team), and updated annually, thereafter, the IEP will include a statement of transitional service needs including a statement of the interagency responsibilities or any needed linkages.
- At the IEP Team meeting, discuss your child’s possible eligibility for working toward a Certificate of Achievement (instead of a high school diploma) because
 - The latest information appears to support your child’s participation in one of the alternate assessments. Students participating in an alternate assessment are working towards a Certificate of Achievement or the standard Louisiana High School Diploma. The decision for participation in alternate assessment will be made with you at the IEP meeting.

OR

- Your child will be participating in the general statewide assessment (EOC), but may meet the provisional (i.e., temporary) eligibility criteria for a Certificate of Achievement and not the standard Louisiana High School Diploma.

Student Name: _____ DOB: _____ Local ID#: _____

- Consider disciplinary action. _____Manifestation Determination Review.
- Develop, review, or amend a Functional Behavior Assessment (FBA)/Behavior Intervention Plan (BIP).
- 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, benchmarks and short-term objectives.
 - 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.
 - A review of vocational and future transition needs for an IEP in effect when the child turns 16 years old (or younger, if deemed appropriate by the IEP team).
 - 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 18). We also need your permission to invite the selected representatives of adult transitional services listed below. 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

Representative Agency

Other

Representative Agency

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 Name: _____ DOB: _____ Local ID#: _____

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

Contact Person: _____

School: _____

- I have received a copy of *Louisiana's Educational Rights of Children with Exceptionalities 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 give permission for you to develop, review, or amend a Functional Behavior Assessment (FBA)/Behavior Intervention Plan (BIP).
- 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. However, I would still like to participate by telephone conference. Please call me at (____) ____ - _____ at the date and time specified.
- I give permission for you to invite the adult services agency(ies) listed on page 3 because they will be responsible for providing or paying for transition services.
- I 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