Student ID:
FTE Number:
Student Testing ID:
Date of Birth:

Spotsylvania County Schools
8020 River Stone Drive
Fredericksburg, VA 22407
540-834-2500

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. We have scheduled a meeting to discuss the results of these assessments. The meeting has been scheduled for:
Date_____ Time_____
Location _____

The purpose(s) of the meeting will be to:

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.

A copy of the eligibility minutes will be provided to you. If you do not agree with the decision, you have several options. 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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Notice of Meeting

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.

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 Spotsylvania County 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 Spotsylvania County 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. Summary of Discussion

The group shall draw upon information from a variety of sources, including, but not limited to, review of records, aptitude and achievement tests, parent input and teacher recommendations, as well as information about the child's physical condition, social or cultural background, and adaptive behavior; and ensure that information from all these sources is documented and carefully considered. Include the basis for making the determination, information from assessments, any educationally relevant medical findings, classroom observation and behavior noted during the observation and its relationship to academic functioning.

The team shall consider data that demonstrates that prior to, or as part of the referral process, the child was provided appropriate high-quality, researched-based instruction in general education settings, consistent with § 1111(b)(8)(D) and (E) of the ESEA, including that the instruction was delivered by qualified personnel. There shall be data-based documentation that repeated assessments of achievement at reasonable intervals, reflecting that formal assessment of student progress during instruction was provided to the child's parents. The determinant factor in the eligibility decision is not based on a lack of appropriate instruction in a. reading, including the essential components of reading instruction; b. Lack of appropriate instruction in mathematics; or c. Limited English proficiency. (Attach additional pages as needed)

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Meeting Minutes

IV. Recommendations

	Yes	No
1. Does the student have the presence of a disability?	☐	☐
2. Does the disability have an adverse impact on educational performance?	☐	☐
3. Does the student have a need for specially designed instruction?	☐	☐

Recommendations:

V. Eligibility Decision

As defined by *Regulations Governing Special Education Programs for Students with Disabilities in Virginia* the team determined that:

☐ The child has or continues to have a disability under the disability category(ies) of _____ and by reason of the disability(ies) needs special education and related services,

or

☐ The child does not meet criteria to be found eligible or continue to be eligible for special education and related services.

Consent to Bill Medicaid: ☐Yes ☐No ☐Revoked ☐Not Medicaid

VI. Members present, their signatures and conclusions

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

		Dissenting Opinion
_____	Date _____	☐
_____	Date _____	☐

VII. Signatures of others present

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

VIII. Consent for termination of services

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Meeting Minutes

I understand that my child's Eligibility committee met on _____ and determined, based on a review of data obtained, that my child is no longer eligible for special education services in Spotsylvania County Schools.

[ ] I give my consent for the termination of special education services for my child.

[ ] I do not consent to the termination of special education services for my child.

[ ] I have received a copy of my rights as a parent of a child eligible for special education services.

_____ _____
Parent/Guardian/Surrogate Date

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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 level.-

- ☐ Basic Reading Skill
- ☐ Listening Comprehension
- ☐ Mathematical Calculation
- ☐ Mathematical Reasoning
- ☐ Oral Expression
- ☐ Reading Comprehension
- ☐ Reading Fluency Skills
- ☐ Written Expression

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

_____ (date)

Name of student _____

DOB _____

_____
_____
_____ (address)

Dear _____

The Individuals with Disabilities Education Improvement Act (IDEIA) requires that a school division provide written notice within a reasonable time to parents of a student with a disability (or a student suspected of having a disability) or to the adult student himself/herself, as appropriate, when the school division proposes or refuses to initiate or change the identification, evaluation or educational placement, or the provision of a free appropriate public education.

The following information has been considered:

1. Description of the action *Check boxes below as appropriate for this notice*

	Proposed	Refused
Eligible		
Not Eligible		
Change in Disability Classification		
Pending further consideration		

2. Explanation of the reason this action is being taken *(check those applicable)*

- ☐ student is eligible for special education
- ☐ student is not eligible for special education
- ☐ other

3. Options Considered and Rejected

Considered	Rejected	
☐	☐	attempting additional interventions/accommodations
☐	☐	conducting additional evaluations/assessments
☐	☐	changing the students current eligibility classification
☐	☐	maintaining the student's current eligibility classification
☐	☐	student not eligible
☐	☐	no other options were considered
☐	☐	other

Rationale for why actions were proposed or refused

4. The following was used as a basis for the proposed or refused action

- ☐ eligibility components and/or eligibility committee minutes
- ☐ IEP information
- ☐ outside evaluations / assessments / tests / reports
- ☐ student progress updates / report cards
- ☐ report on behavior
- ☐ observations by
- ☐ other

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Prior Notice

Description of the nature, purpose and use of any evaluation procedure, test, record, or report used as a basis for taking the action

6. The other factors relevant to this decision are *(if applicable)*

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Prior Notice

Student's Name: _____ Date: _____

Student ID Number: _____

Prior Notice of and Placement Decision

The school division proposes to implement this IEP and the placement decision as written. This proposed IEP and placement will allow the student to receive a free appropriate public education in the least restrictive environment. This decision is based upon a review of current records, current assessments, and the student's performance as documented in the Present Levels of Academic and Functional Performance. Other options considered, if any, and the reason for their rejection are attached, or can be found in the Placement Decision section of this IEP. Additionally, other factors, if any, that are relevant to this proposal are attached. If you, the parent(s) or adult student, need another copy of the procedural safeguards document or need assistance in understanding this information, please contact

_____ _____ at _____ or e-mail _____
or _____ _____ at _____ or e-mail _____ .

_____ Parent(s)/adult student initials here indicate that the parent(s)/adult student has read the above prior notice and attachments, if any, before giving permission to implement this IEP and the placement decision.

Parent/Adult Student Consent: Indicate your response by checking the appropriate space and sign below.

☐ **I give** permission to implement this IEP and the placement decision.

☐ **I do not give** permission to implement this IEP and the placement decision.

I understand that my child's IEP committee met on _____ and determined, based on a review of data obtained, that my child is no longer eligible for special education and/or the related services of _____

☐ **I give** consent for the termination of special education and/or related services.

☐ **I do not** consent for the termination of special education and/or related services.

☐ I have received a copy of the Procedural Safeguards document consistent with the requirements of Individual With Disabilities Education Improvement Act of 2004 (IDEIA 2004) .

_____ _____
Parent Signature or Adult Student Signature (if appropriate) Date

Transfer of Rights at the Age of Majority (Age 18):

Indicate the date that the student and parent were informed of the transfer of procedural safeguards under IDEA to the adult student at the age of 18. This must occur at least one year prior to the age of 18. Date School Official Signature
I was informed of the procedural safeguards under IDEA and that these rights transfer to me at age 18. Date Student Signature
I was informed of the procedural safeguards under IDEA that transfer to my child at age 18. Date Parent Signature