

## Notice of Meeting

**School District:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Dear \_\_\_\_\_:

This letter is to invite you to a meeting for \_\_\_\_\_ in order to:

- Develop a special education Evaluation Plan (an initial evaluation or re-evaluation)
- Review information and decide special education eligibility or a proposed change to the child/student's identification/disability.
- Develop, revise or annually review an Individualized Education Program (IEP) (this may include a discussion of a proposed change in an educational placement or the provision of a Free Appropriate Public Education)
- Meet for another reason, as described: \_\_\_\_\_

**If you would like to receive copies of documents (i.e. evaluation reports, test results) or any other portion of your child's educational record prior to the meeting, please contact me.**

The meeting is scheduled for \_\_\_\_/\_\_\_\_/\_\_\_\_ from \_\_\_\_\_ at \_\_\_\_\_.

If the time or location is not convenient, please contact me by \_\_\_\_/\_\_\_\_/\_\_\_\_ at \_\_\_\_\_ or write to me at this address: \_\_\_\_\_ so we may either reschedule or talk about other ways that you can participate in the meeting.

In addition to you, the following people have been invited to attend this meeting:

Designated Evaluation or IEP Team Members	Position/Affiliation
_____	Student (when appropriate)
_____	Local Education Agency Representative
_____	Special Educator or Service Provider
_____	General Education Teacher
_____	Individual to interpret educational implications
_____	Individual who conducts diagnostic evaluations

Others invited to attend with knowledge of the student and/or for Post-Secondary Transition Planning.

Name	Position/Affiliation
_____	_____
_____	_____
_____	_____
_____	_____

Sincerely,

Signature: \_\_\_\_\_

Printed Name and Position: \_\_\_\_\_

Enclosures:

**Special Education Evaluation Plan and Report – Cover Page**

School District: \_\_\_\_\_

Student/Child Name: \_\_\_\_\_

Child Count ID #: \_\_\_\_\_

Dates:  
of Planning Meeting \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
of Received Consent \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
of Eligibility Decision \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Evaluation and Planning Team (EPT) Members**

The Evaluation Plan must be developed through conversation, correspondence or a formal meeting. Once the evaluation is completed, if you agree with the eligibility decision, **please initial in the last column where your name is listed.** If you disagree, attach a separate statement indicating your reasons and conclusion.

Name	Role	Involved in Plan	Agreed with Decision
	Parent/Guardian/Surrogate/Adult Student		
	Student (when appropriate)		
	Local Education Agency Representative		
	Special Education Teacher or Service Provider		
	General Education Teacher		
	Individual who can interpret instructional implications		
	Individual who can conduct diagnostic examinations (SLD requirement)		

Some individuals on the Team may serve multiple roles.

	Other:		
	Other:		
	Other:		
	Other:		
	Other:		
	Other:		
	Other:		
	Other:		
	Other:		
	Other:		

**Disability Determination- Section One**

**A. The following information will be used to determine whether a student/child's has a disability. The EPT is developing this plan to assess the following suspected disability areas:**

**B. Questions:**

**Answers:**

<b>C.</b>	<b>Assessment Areas/Evaluation Procedure</b>	<b>Professional or Team Role Responsible</b>
1)	_____	_____
2)	_____	_____
3)	_____	_____
4)	_____	_____
5)	_____	_____

**D. The team's conclusion concerning the disability determination in the area of \_\_\_\_\_:**

**Adverse Effect on Educational Performance – Section Two**

**A. Based upon the referral and suspected disability, the following basic skills will be measured for adverse effect (check all that apply):**

- |   |                         |                       |                      |
|---|-------------------------|-----------------------|----------------------|
| oral expression   | listening comprehension | written expression    | basic reading skills |
| reading comprehension   | mathematic calculation  | mathematics reasoning |                      |
| reading fluency (for students suspected of Specific Learning Disabilities only) |                         |                       |                      |

**B. Questions and answers:** *For each measure chosen, the EPT Report must explain how the measure met the lowest 15<sup>th</sup> percentile, minus 1.0 standard deviation from the test mean, or its equivalent. The EPT should continue to examine all possible measures until 3 measurements are found that meet the adverse effect criterion, or an examination of all six measurements has been exhausted*

**(i) How do the student’s standard deviation or percentile scores on individually administered, nationally-normed achievement tests prove an adverse effect in the basic skill areas identified in Part A above?**

**(ii) How do the student’s standard deviation or percentile scores on group-administered nationally-normed achievement test(s) or curriculum based measures prove an adverse effect in the basic skills areas identified in Part A above?**

**(iii) How do the student’s grades prove an adverse effect in the basic skill areas identified in Part A above?**

**(iv) How does the student’s performance on curriculum based measures prove an adverse effect in the basic skill areas identified in Part A above?**

**Adverse Effect on Educational Performance – Section Two**

**B. Questions and Answers continued:**

(v) How does the student’s performance on criterion referenced or group-administered criterion referenced assessments prove an adverse effect in the basic skill areas identified in Part A?

(vi) How does the student’s performance on student work samples, language samples, portfolios and other individual measures prove an adverse effect in the basic skill areas identified in Part A?

C.	Assessment Areas/Evaluation	Professional or Team Role Responsible
1)	_____	_____
2)	_____	_____
3)	_____	_____
4)	_____	_____
5)	_____	_____

**D. The team’s conclusion concerning adverse effect determination(s) *(the EPT must have documented at least three measures of adverse effect in one basic skill area in order for the student to meet the adverse effect criterion):***

**Need for Special Education Services - Section Three**

**A. This section seeks to provide justification that the student/child:**  
 requires specially designed instruction that cannot be provided through the educational support system or through the standard instructional conditions, **supplementary aids and services within the school; OR**  
 for **Early Essential Education**, has a developmental delay at a level that would affect future success in the home, school or community without intervention prior to enrollment in elementary school **or by age six.**

**B. Questions:**

Answers:

C.	Assessment Areas/Evaluation	Professional or Team Role Responsible
1)	_____	_____
2)	_____	_____
3)	_____	_____
4)	_____	_____
5)	_____	_____

**D. The team's conclusion concerning the need for special education** *(the EPT Report must identify the areas the IEP Team should consider for special education services):*

**Decision of the Evaluation and Planning Team Regarding Eligibility- Final Page**

**Based upon the results of this Evaluation Plan and Report, the Evaluation and Planning Team has determined that:**

\_\_\_\_\_  
(Student/Child's Name)

**meets or continues to meet** the special education eligibility requirements under the disability category(ies):

\_\_\_\_\_  
\_\_\_\_\_

**OR**

**did not meet or did not continue to meet** the special education eligibility requirements. The reason(s) for determining this ineligibility is/are:

**Procedural Safeguards To Protect Parent Rights**

If you do not agree with the evaluations used to make this decision, you may request an independent educational evaluation. The criteria for selecting an evaluator for an independent evaluation, including the location and qualification of the evaluator, must meet the same standard as used by the school district. If you cannot find an evaluator, ask the school district to provide you with information about where you can get such an evaluation. The independent evaluation must be done at public expense, unless the school district asks for a due process hearing to prove their evaluation was appropriate. If the hearing officer agrees with the school district, the independent evaluation would be completed at your own expense.

Both the state and federal laws concerning special education of children with disabilities include many parental rights. Receiving notices about the proposed actions or decisions the school wishes to take in regards to your child and your being a part of the educational planning team for your child with a disability are examples of rights given to you by these laws. These laws also require that the school follow certain procedures to make sure you know your rights and have the opportunity to exercise those rights. You received a copy of these rights when your child was referred. You should read them carefully and, if you have any questions regarding your rights, **please contact:**

School Staff: \_\_\_\_\_

by phone at: \_\_\_\_\_

or write to me at: \_\_\_\_\_

\_\_\_\_\_

Enclosures:

## Notice of A Special Education Evaluation

**School District:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Dear \_\_\_\_\_:

On \_\_\_\_/\_\_\_\_/\_\_\_\_ we had a meeting or a discussion about a special education evaluation plan. The school district plans to evaluate:

\_\_\_\_\_

Student/Child's Name

to determine if he or she is eligible, or continues to be eligible, for special education services.  
to obtain additional information on a student/child already receiving special education services

Other : \_\_\_\_\_

Enclosed you will find an Evaluation Plan (Form 2) and Parental Rights, **if not otherwise provided to you at the time of your child's referral**. Included in the Plan are the questions to be answered in order for us to determine eligibility for special education services and/or an appropriate education program. The enclosed Plan indicates:

we have agreed to determine eligibility, or continued eligibility, for special education services by conducting new testing or by using other evaluation methods (such as a classroom observation). We must, therefore, have your written consent to begin this evaluation. **Please complete and return the enclosed "Consent for A Special Education Evaluation" (Form 3a)**. If this is an initial evaluation, we have 60 calendar days from the date we receive this written consent form to complete the evaluation.

we have agreed to determine eligibility, or continued eligibility, for special education services by reviewing existing educational records. If this is a re-determination of eligibility, you have the right to request new testing be done. We are required to give you this Notice before we begin the review of the records. If this is an initial evaluation we have 60 days from the date we have sent you this notice to complete the record review.

OR

We have agreed there is a need to obtain additional information through new testing or other evaluation methods. In order to complete this testing we are asking for your written consent. (Attach documentation identifying the evaluations to be completed.) **Please complete and return the enclosed "Consent for A Special Education Evaluation" (Form 3a)**.

If you have any questions or would like to discuss this further, please contact me:

by phone at : \_\_\_\_\_

or write to me at: \_\_\_\_\_

Sincerely,

Signature: \_\_\_\_\_

Printed Name and Position: \_\_\_\_\_

Enclosures: Parental Rights in Special Education, **if not previously provided and explained**  
Special Education Evaluation Plan (Form 2)

Form 3

## Consent for A Special Education Evaluation

**School District:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

This is to request your consent to a special education evaluation of:

I **give** my consent for the special education evaluation.

The evaluation process and my parental rights have been explained to me. I understand that giving my consent is voluntary and may be revoked at any time. If I do choose to withdraw my consent, I understand this withdrawal will not apply to any testing that may have already been completed.

\_\_\_\_\_  
Signature of the Parent/Guardian/Surrogate/Adult Student

\_\_\_\_\_  
Date

Printed Name: \_\_\_\_\_

I **do not give** my consent for a special education evaluation.

I understand that not granting my consent is voluntary and that I may change my decision at any time. If I do not grant this consent to determine whether there is an eligibility for an individual education program, I understand that should my child (or myself) be involved in a major disciplinary situation my child (or myself) would not receive the protections available only to those students with a disability or suspected of having a disability and are in the process of being evaluated.

\_\_\_\_\_  
Signature of the Parent/Guardian/Surrogate/Adult Student

\_\_\_\_\_  
Date

Printed Name: \_\_\_\_\_

**If this is an evaluation to determine if a student continues to be eligible for special education services, my failure to respond to this request for consent will result in the school district proceeding with the special education evaluation as described in the Evaluation Plan.**

If you have any questions or would like to discuss this further, please contact me:

by phone at : \_\_\_\_\_

or write to me at: \_\_\_\_\_

Sincerely,  
Signature: \_\_\_\_\_

Printed Name and Position: \_\_\_\_\_

**Date Received in District:** \_\_\_\_/\_\_\_\_/\_\_\_\_

## Notice of An Evaluation Delay

**School District:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Dear \_\_\_\_\_:

We are in the process of completing an initial comprehensive special education evaluation for:

\_\_\_\_\_

Although we expected to complete this evaluation by \_\_\_\_/\_\_\_\_/\_\_\_\_, we find that we are unable to meet this deadline. This delay is due to the following exceptional circumstance(s):

The following is a schedule of the evaluation activities yet to be completed:

**We expect that the Evaluation Report will be completed by \_\_\_\_/\_\_\_\_/\_\_\_\_.**

If you have any questions or would like to discuss this further, please contact me:

by phone at : \_\_\_\_\_

or write to me at: \_\_\_\_\_

Sincerely,

Signature: \_\_\_\_\_

Printed Name and Position: \_\_\_\_\_

## Individualized Education Program (IEP)

School District: \_\_\_\_\_ Annual Meeting Date: \_\_\_/\_\_\_/\_\_\_

IEP Case Manager: \_\_\_\_\_ Effective date of Revision : \_\_\_/\_\_\_/\_\_\_

Next 3-year Re-evaluation Date: \_\_\_/\_\_\_/\_\_\_ Next Annual Review Date: \_\_\_/\_\_\_/\_\_\_

Student/Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Disability Category: \_\_\_\_\_ Child Count ID #: \_\_\_\_\_

School or Program: \_\_\_\_\_ Grade Assigned: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_

**Initiation and Duration of the IEP:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Initiation and Duration of Extended Year:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

IEP Team Members	Printed Name/Position/Agency (check box if in attendance)
Name:	Parent(s)/Guardian/Surrogate/Adult Student (circle one)
Name:	Student (when appropriate)
Name:	Local Education Agency (LEA) Representative
Name:	Special Education Teacher or Service Provider
Name:	General Education Teacher
Name:	Individual who can interpret the instructional implications of evaluation results
Name:	Individual who can conduct diagnostic Examinations (SLD requirement)

Others with knowledge of the child*	Position/Agency
Name:	
Name:	
Name:	
Name:	
Name:	
Name:	
Name:	

**\*Including individuals for Part C Early Intervention or Post-Secondary Transition Planning**

**Individualized Education Program**  
**Present Levels of Educational and Functional Performance**

**Student Name:** \_\_\_\_\_ **IEP Meeting Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

This section should provide a concise overview of student's current skills and serve as the basis of the student's program for the upcoming year. Describe the student's **present levels of educational performance including the student's functional performance, abilities, acquired skills and strengths relative to standards and/or grade level expectations**. Briefly highlight how the disability affects the student's involvement and progress in the general curriculum or, for preschool children, participation in age appropriate activities. As appropriate, address the following areas.

**DISABILITY/IMPACT ON STUDENT LEARNING:** *(Identify the disability and areas of impact, e.g academic, social-emotional, behavioral)*

**MEDICAL:** *(Health, vision, hearing, or other medical issues)*

**STUDENT STRENGTHS:** *(Academic, social-emotional, personal interests, perceptual-motor, communication, environment)*

**STUDENT NEEDS:** *(Academic, social-emotional, perceptual-motor, communication, environment)*

**OTHER CONSIDERATIONS:** *(Areas to consider that could enhance the child's education: safety/health; future, opportunity for additional student or family input, mobility, transportation, disability awareness, self-advocacy needs)*

**IEP for** \_\_\_\_\_ **IEP Meeting Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Present Level of Educational/Functional Performance for the Area of:** \_\_\_\_\_

**Standardized Test Results:**

**Current Classroom Level of Educational Performance:**

**Current Classroom Level of Functional Performance:**

**Grade Expectation for Educational/Functional Performance:**

**Measurable Annual Goals, Short-term Objectives, Benchmarks, Evaluation Procedures and Personnel Responsible**

**Progress Review Dates**


Progress Review Dates Code: **A** – Achieved the goal/objective as written; **S** – Sufficient progress on objective is being made; likely to achieve this goal; **E** – Emerging progress on the objective, continuing to work towards the goal; **N** – Objective/goal not yet introduced

IEP for \_\_\_\_\_

IEP Meeting Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Measurable Annual Goals, Short-term Objectives,  
Benchmarks, Evaluation Procedures and Personnel Responsible**

**Progress Review Dates**

	Progress Review Dates							

Progress Review Dates Code: **A** – Achieved the goal/objective as written; **S** – Sufficient progress on objective is being made; likely to achieve this goal; **E** – Emerging progress on the objective, continuing to work towards the goal; **N** – Objective/goal not yet introduced

## Individualized Education Program Post Secondary Transition Plan, Page One

**Student Name:** \_\_\_\_\_ **IEP Meeting Date:** \_\_\_/\_\_\_/\_\_\_

**Current Grade Level:** \_\_\_\_\_ **Expected Date of Graduation:** \_\_\_/\_\_\_/\_\_\_

**Evidence of involving student & related agencies:** *Example- student was invited by case manager on 2/2; Voc rehab counselor was invited via phone on 2/2.*

**Age Appropriate Transition Assessments performed** *(State the assessment and date, then identify the student's preferences, interests, strengths and needs then link that information to post secondary goals.) See NSTTAC case studies for specific examples.*

**Definitions-**

**Measurable Post Secondary Goals-** *A post secondary goal is a statement of the desired outcome for the student after leaving high school.*

**Measurable Annual Transition Goals-** *Goals that address the skills that the student will be focusing on during the life of the annual IEP in order for the student to reach his/her post secondary goals.*

**Education and Training (Required)**

**Post Secondary Goal(s) for Education and Training (Required):**

*Example- After graduation from high school, student will enroll at XYZ College (a technical school) and take a business math class to improve his work related math skills and to advance his career in business.*

**Annual Transition Goal(s) for Education and Training (Required):**

*Example- Given direct instruction in the high school Business Math course and guided practice, student will (a) use an adding machine, and (b) create spreadsheets using money management software with 85% accuracy throughout the Spring semester of this IEP.*

**Progress Review Dates**

10-31	11-5	3-30	6-22

**Progress Review Dates**


**List Transition Services related to Education and Training:** *Examples- job shadow experiences, visit college campus, meet with student support office at college*

## Individualized Education Program Post Secondary Transition Plan, Page Two

### Employment (Required)

**Post Secondary Goal(s) for Employment (Required):**

*Example- After finishing high school student will increase his work hours from 10 hours per week to 20 hours per week in the business department of a local office supply store with temporary supports provided through Vocational Rehabilitation.*

**Annual Transition Goal(s) for Employment (Required):**

*Example- Given whole task instruction using a task analysis and a weekly work schedule, Alex will follow the steps necessary to complete a time sheet of the hours worked at his community-based vocational training site with 90% accuracy for the duration of his IEP.*

**Progress Review Dates**

10-31	11-5	3-30	6-22

**Progress Review Dates**


**List Transition Services related to Employment:** *Examples-social skills training, on the job safety instruction, community based instructional experiences, work based instruction*

### Independent Living (as appropriate)

**Post Secondary Goal(s) for Independent Living:** *Example- After graduating high school, student will travel to and from work using the public transportation system with time-limited supports of a job coach or transition service provider.*

**Annual Transition Goal(s) for Independent Living:**

*Example- Given direct instruction and guided practice, student will identify which public bus route she will need to ride in order to get from her house to the grocery store, target, and community college 4 out of 4 opportunities by April of 2009.*

**Progress Review Dates**

10-31	11-5	3-30	6-22

**List Transition Services related to Independent Living:** *Examples-social skills training, travel training, community based instructional experiences*

**Course(s) of Study:** *A description of coursework to achieve the student's desired post-school goals, from the student's current to anticipated exit year. **Requirement:** List the course(s) of study needed to assist the student in reaching his/her post secondary goals or attach a list of courses. Course of study may also be listed in a narrative format.*

**Describe the Coordinated Interagency Linkages and Responsibilities (services provided or paid for from another agency and a timeline for completion):**

**If the student will be reaching age 17 during the duration of this IEP, he/she and their parents must have been notified, in writing, that parental rights will transfer to the student upon reaching the age of 18.  Yes  No**  
**If not completed in writing, please specify how they were notified:**

**Individualized Education Program  
Multi-Year Plan (Alternative Credit Accrual Plan)**

Student Name: \_\_\_\_\_ IEP Meeting Date: \_\_\_/\_\_\_/\_\_\_

**Document the alternative credit courses/programming necessary for the student to complete their graduation requirements.**

School Year	Grade Level	Graduation Requirements the student can not master	Details as to why the student can not master the requirements	Alternative Course Or Activity/Credits Given
2010-2011	10	Algebra I	<i>Student's cognitive level prevents him from accessing the curriculum in a timely manner.</i>	<i>Life Skills Math/ 0.5 credits</i>

**When credits are being offered through a Multi-year Plan, this page must be signed by the superintendent or his designee.**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Superintendent or Designee Signature Date

**Individualized Education Program**  
**Special Education Services, Related Services, Consent to Bill Medicaid**

Student Name: \_\_\_\_\_ IEP Meeting Date: \_\_\_/\_\_\_/\_\_\_

Special Education Services	Init Date	End Date	Freq	Time	Location	Provider	Group Size
Reading Comprehension	4-28 2010	4-27 2011	5x wk	30 min	Resource Room	Special Educator	Sm Group
<i>(For EEE, one or more of the five domains)</i>							
Cognitive Development	4-28 2010	4-27 2011	3x wk	20 min	Early Childhood Program	Essential Early Educator	1:1

Related Services	Init Date	End Date	Freq	Time	Location	Provider	Group Size
Speech Therapy	4-28 2010	6-18 2010	2x	30 min	Therapist's Room	SLP	1:1

Transition Services	Init Date	End Date	Freq	Time	Location	Provider	Group Size
Job Coach	8-27 2010	4-27 2011	5x	120 min	Community Employment	Paraeducator	1:1

Extended School Year Services	Init Date	End Date	Freq	Time	Location	Provider	Group Size
Reading Comprehension	7-6 2010	8-5 2010	3x	30 min	Resource Room	SLP	1:1

**Parental Consent to Bill Medicaid**

As the parent/guardian, I give permission \_\_\_ or do not give permission \_\_\_ to the school district to bill Medicaid for the eligible services listed above. This permission also allows the release of necessary special education records to a physician or nurse practitioner in order for him/her to reach a determination that the services are medically necessary; as well as to individuals within the Department of Education and the Agency of Human Services charged with processing Medicaid bills for those services above that are considered medical services under Vermont Medicaid rules. I understand that if I refuse to consent, my refusal will not affect the school district's responsibility to provide these services to my child at no cost to me. I understand that I may revoke this consent at any time and, if I revoke this consent, it will apply to billing for services from that date forward.

**Individualized Education Program**

**Educational Environment/Placement, Accommodations/Modifications for Assessments**

Student Name: \_\_\_\_\_ IEP Meeting Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

If the student cannot participate full-time with non-disabled children in the general education class, extracurricular or other non-academic activities explain why full participation is not possible:

Description of the student/child's educational environment/placement:

The general characteristics of the student/child's educational environment/placement (check one, ages 6-21):

- |   |  |
|---|--|
| <input type="checkbox"/> Inside regular class at least 80% of the time  | <input type="checkbox"/> Inside regular class 40% to 79% of the time |
| <input type="checkbox"/> Inside regular class less than 40% of the time | <input type="checkbox"/> Separate day school – public or private     |
| <input type="checkbox"/> Residential facility                           | <input type="checkbox"/> Homebound/Hospital                          |

The general characteristics of the child's educational environment/placement (ages 3-5):

- Child is attending a regular early childhood program 10 or more hours per week.
  - and receives at least 50% of their special education services in the regular early childhood program
  - and receives at least 50% of their special education services in some other location
- Child is attending a regular early childhood program less than 10 hours per week
  - and receives at least 50% of their special education services in the regular early childhood program
  - and receives at least 50% of their special education services in some other location
- Child is not attending a regular early childhood program and receives special education services in:
  - a separate special class
  - a separate school
  - a residential facility
  - their home
  - the service provider's location or another location

**Accommodations, Modifications and Supplementary Aids**

State-level assessment (please check appropriate box or boxes):

- The team has determined that the student will be taking the on-level State assessment with the appropriate accommodations identified below.
- The educational team has completed the Eligibility and Team Information Form (VTAAP Form 1) and has decided that the student should be allowed to participate in the Vermont Alternate Assessment Portfolio (VTAAP). A completed copy of this form was provided to the parents of the student.

Identify the accommodations, modifications and supplementary aids and services needed to participate in national, district-wide, and school assessments:

**Program Modifications/Supports for the Student, School Personnel and Parents  
as well as Other Options Considered by the IEP Team**

Student Name: \_\_\_\_\_ IEP Meeting Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Identify other accommodations, modifications, or supplementary aids (such as extended time, assistive technology, peer tutors) and services needed for the student:**

**The IEP Team has determined that the student is eligible for the supports of Accessible Instructional Materials which have met the National Instructional Materials Accessibility Standards for print disabilities.**

**Identify the program modifications or supports that will be provided for school personnel and parents to implement the IEP:**

**Other Options Considered (include reasons why they were not included):**

## Written Agreement for Not Attending An IEP Meeting

School District: \_\_\_\_\_ Case Manager: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

The authorized District staff has explained to the parent that there is no requirement to enter into this agreement.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Authorized District Staff – Printed Name Date

### A. WHEN A DESIGNATED TEAM MEMBER WILL BE ABSENT FROM THE IEP MEETING

Member(s) not in attendance (an LEA Representative **must** be designated and in attendance for all meetings):

I **agree** for the identified Individualized Education Program (IEP) team member to not attend the meeting scheduled on \_\_\_\_/\_\_\_\_/\_\_\_\_, in whole or in part, because the member's area of curriculum or related service is not being modified or discussed at this meeting.

I **do not agree** for an Individualized Education Program (IEP) member to not attend the meeting scheduled on \_\_\_\_/\_\_\_\_/\_\_\_\_, in whole or in part, because the member's area of curriculum or related service is not being modified or discussed at this meeting. This meeting will be rescheduled for \_\_\_\_/\_\_\_\_/\_\_\_\_.

\_\_\_\_\_  
Signature of the Parent/Guardian/Surrogate/Adult Student Date

\_\_\_\_\_  
Signature of the Authorized District Staff Date

### B. WHEN A DESIGNATED TEAM MEMBER WILL BE EXCUSED FROM THE IEP MEETING

Member(s) excused from the meeting:

I **agree** for the following Individualized Education Program (IEP) team member to be excused from the meeting scheduled on \_\_\_\_/\_\_\_\_/\_\_\_\_, in whole or in part, despite the member's area of curriculum or related service being modified or discussed at this meeting. I understand this agreement requires the excused member submit in writing to the Team their input into the development of the IEP prior to the meeting.

I **do not agree** for an Individualized Education Program (IEP) team member to be excused from the meeting scheduled on \_\_\_\_/\_\_\_\_/\_\_\_\_, in whole or in part, because the member's area of curriculum or related service is being modified or discussed at this meeting. This meeting will be rescheduled for \_\_\_\_/\_\_\_\_/\_\_\_\_.

\_\_\_\_\_  
Signature of the Parent/Guardian/Surrogate/Adult Student Date

\_\_\_\_\_  
Signature of the Authorized District Staff Date

**Notice to Revise the IEP Between Annual Review Meetings**

School District \_\_\_\_\_ Case Manager \_\_\_\_\_  
Student Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Child Count ID # \_\_\_\_\_

**PARENTAL AGREEMENT TO NOT HOLD AN IEP MEETING:**

The Annual IEP Meeting was held on \_\_\_\_/\_\_\_\_/\_\_\_\_. Subsequently, the District and/or the Parent would like to revise the IEP and have agreed that an IEP meeting was not necessary in order to make these IEP revisions. The authorized School District staff listed below has explained to the Parent that he or she is not required to enter into this agreement.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of the Parent/Guardian/Surrogate/Adult Student Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Authorized District Staff Signature Date

A formal meeting of the IEP Team was held on \_\_\_\_/\_\_\_\_/\_\_\_\_.

The following revisions to be made were to the current IEP (check all that apply):

- |                                      |   |                      |
|--------------------------------------|---|----------------------|
| Special education services           | Present levels of educational/functional performance  |                      |
| Extended school year services        | Accommodations or supports needed by school personnel |                      |
| State or local testing modifications | Accommodations/Modifications for the student          |                      |
| Goals/Objectives pages               | Transition goals                                      | Interagency linkages |
| Transition services                  | Related services                                      | Placement changes    |

**Summary and justification for the revisions:**

The Effective Date of the IEP revision(s) will be: \_\_\_\_/\_\_\_\_/\_\_\_\_.

If you have additional questions regarding this IEP revision, or would like to discuss this further, please contact me by phone at: \_\_\_\_\_ or write to me at:

Printed Name and Position: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Enclosures: Revised IEP pages

## Consent for Initial Provision of Special Education Services

School District: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dear \_\_\_\_\_:

**In order for the initial special education and related services to begin, please review, check one of the statements below, sign, and return this form to the school.**

- I **give** my consent for all initial services in the IEP to begin. (Should you change your mind **prior** to the start of these initial IEP services **please inform us, in writing, and these services will not commence. If services have already begun, you may seek to resolve your concerns through a discussion with the IEP Team, a mediation request, filing an administrative complaint, or a due process. If you wish to revoke your consent after the initial IEP services have started, you may do so by completing the State Revocation of Consent Form which can be obtained through your school. IEP services already initiated will continue to be provided until a date for termination is determined.) I understand in revoking my consent that** should my child be involved in a major disciplinary situation my child would not receive the special education protections **that are** available to students with a disability or suspected of having a disability.
- I **do not** give my consent for any of the initial IEP services to begin. I understand should my child be involved in a major disciplinary situation my child would not receive the special education protections **that are** available to students with a disability or suspected of having a disability.
- My child is transitioning from Part C (birth to age 3) to Part B (ages 3 to 21) services. I **give** consent for my child's placement in the Part B Essential Early Education (age 3-5) program.
- I **do not** give my consent to the initial IEP services to begin. However, due to the current home schooling status, or our decision to place our child in an independent school, we may be seeking some initial special education services through a service plan with the school district or supervisory union. We understand the district or supervisory union is not required to provide such special education services and that any or all services may be limited to the amount of federal monies currently available to serve this population of students.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Parent/Guardian/Surrogate/Adult Student

Printed Name: \_\_\_\_\_

If you have any questions regarding this consent form, please contact me by calling: \_\_\_\_\_

or write me at the following address: \_\_\_\_\_

Sincerely,

Signature: \_\_\_\_\_

Printed Name/Position: \_\_\_\_\_

**Date Received in District:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Enclosures: Individualized Education Program

## Revocation of Consent for Provision of Special Education Services

Student Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Student ID # \_\_\_\_\_

School District \_\_\_\_\_ Case Manager \_\_\_\_\_

- I hereby **revoke** my consent for the provision of special education and related services.
- I understand that once I revoke consent for my child to receive special education and related services, my child is considered a general education student and my parental rights in special education will end.
- I understand that should my child be involved in a major disciplinary situation my child would not receive the special education protections available only to students with a disability or suspected of having a disability.
- I understand that after I revoke consent for my child, the school district is not required to amend my child's records to remove any references to my child's receipt of special education and related services.
- I understand that after revoking consent for my child, I maintain the right to subsequently request an initial evaluation to determine if my child is a child with a disability who needs special education and related services.

\_\_\_\_\_  
Signature of Parent/Guardian/**Adult Student** Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Name: \_\_\_\_\_

This is to provide you with written notice that the school district has received your revocation of consent for special education and related services for your child. In response, the school district will take the following action(s):

- Your child will no longer be identified as having a disability under the Individuals with Disabilities Education Act (IDEA)
- Your child's educational **environment**/placement will be changed to \_\_\_\_\_
- The district will have no authority to provide, and will not provide, special education and related services to your child

**Effective Date of Action(s) :** \_\_\_\_/\_\_\_\_/\_\_\_\_

The following is an explanation of the action(s) listed above (include any evaluation procedures, tests, reports, other factors and other options considered and not implemented that are relevant to the actions):

### Procedural Safeguards To Protect **Parental** Rights

Both the state and federal laws concerning special education of children with disabilities include many parental rights. Receiving notices about the actions or decisions the school district intends to take in regards to your child and your being a part of the educational planning team for your child with a disability are examples of rights given to you by these laws. These laws also require that the school follow certain procedures to make sure you know your rights and have the opportunity to exercise those rights. You received a copy of these rights when your child was referred. You should read them carefully. If you have any questions regarding your rights, please contact the school representative listed below or any of the available resources listed in the **Parental** Rights document.

Sincerely,

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Name/Position: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Enclosures: Procedural Safeguards

## Notice of Local Educational Agency Refusal

**School District:** \_\_\_\_\_ **Date Form Completed:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Dear \_\_\_\_\_:

This letter is to provide you with written notice that the school district refuses to initiate or change the:

- special education evaluation of a child or student
- identification of a child or student as having a disability
- educational placement of a student or child with a disability
- provision of a Free Appropriate Public Education for the child or student

The following is a description of the request and an explanation as to why the school district has made this decision:

The evaluation procedures, tests, records, reports and other factors upon which this decision was based were:

Other options, if any, that the district considered and reasons why those options were not chosen:

Other factors, if any, that are relevant to this action:

### Procedural Safeguards To Protect Parent Rights

Both the state and federal laws concerning special education of children with disabilities include many parental rights. Receiving notices about the proposed actions or decisions the school wishes to take in regards to your child and your being a part of the educational planning team for your child with a disability are examples of rights given to you by these laws. These laws also require that the school follow certain procedures to make sure you know your rights and have the opportunity to exercise those rights. You received a copy of these rights when your child was referred. You should read them carefully and, if you have any questions regarding your rights, please contact:

\_\_\_\_\_ by phone at \_\_\_\_\_

or write to this person at: \_\_\_\_\_

Sincerely,

Signature: \_\_\_\_\_

Printed Name/Position: \_\_\_\_\_

## Notice of Local Educational Agency Decision

School District \_\_\_\_\_ **Date Form Completed** \_\_\_\_/\_\_\_\_/\_\_\_\_

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Child Count ID # \_\_\_\_\_

Dear \_\_\_\_\_:

This letter is to provide you with written notice that the school district,  
proposes OR has decided not to implement

the following action(s) **in regard** to:

- the special education evaluation of a child or student
- the identification of a child or student as having a disability
- the educational placement of a student or child with a disability
- the provision of a Free Appropriate Public Education for the child or student

The following is an explanation as to why the school district proposes or declines to take action:

The evaluation procedures, tests, records, reports and other factors upon which this decision was based were:

Other options, if any, that the district considered and reasons why those options were not chosen:

Other factors, if any, that are relevant to this action:

**The effective date of this proposal or decision will be** \_\_\_\_/\_\_\_\_/\_\_\_\_.

### Procedural Safeguards To Protect Parent Rights

Both the state and federal laws concerning special education of children with disabilities include many parental rights. Receiving notices about the proposed actions or decisions the school wishes to take **in regard** to your child and your being a part of the educational planning team for your child with a disability are examples of rights given to you by these laws. These laws also require that the school follow certain procedures to make sure you know your rights and have the opportunity to exercise those rights. You received a copy of these rights when your child was referred. You should read them carefully and, if you have any questions regarding your rights, please contact me by phone at:

\_\_\_\_\_ or write to me at:

Mailing Address: \_\_\_\_\_

Printed Name/Position: \_\_\_\_\_

Enclosures:

## Written Agreement Between Parents and District – Re-evaluations

School District \_\_\_\_\_ Case Manager \_\_\_\_\_

Student Name \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Child Count ID # \_\_\_\_\_

The authorized School District staff has explained to the Parent that he or she is not required to enter into this agreement. Your child's special education services will not be affected by entering into this agreement.

\_\_\_\_\_  
Authorized District Staff Name – Title

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
School Name

### THREE YEAR RE-EVALUATION

The School District and the Parent have agreed that the School District will not conduct the three-year re-evaluation

that is currently due on: \_\_\_\_/\_\_\_\_/\_\_\_\_.  
Date

The reason(s) for this decision is (are):

\_\_\_\_\_  
Authorized District Staff Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian/Surrogate/Adult Student Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

(The date of the parent signature will be considered the date from which the next triennial will be due.)

**Note: Prior Written Notice about Evaluation/Consent for Evaluation is not required. This form is not to be used when completing an evaluation through a record review. Such a review requires the completion of Evaluation Report (State Form 2) which documents the areas reviewed.**

## Completion of An Evaluation of A Transfer Student

School District \_\_\_\_\_ Case Manager \_\_\_\_\_

Student Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Child Count ID # \_\_\_\_\_

The authorized School District staff has explained to the Parent that he or she is not required to enter into this agreement.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Authorized District Staff Name - Title Date

\_\_\_\_\_  
 School Name

Your child has recently moved into our district. A special education evaluation had begun in his/her previous district and was not completed prior to moving here. We, therefore, will seek to complete this evaluation for your child according to an agreed upon timeline.

We agree that the initial evaluation for this student will be completed by: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
 Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Parent/Guardian/Surrogate/Adult Student Signature Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Authorized District Staff Signature Date

Your child has recently moved into our school district. A special education triennial evaluation had begun, is due soon or is overdue according to the date of their last evaluation. We, therefore, will seek to complete this evaluation for your child according to an agreed upon timeline.

We agree that the reevaluation for this student will be completed by: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
 Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Parent Signature Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Authorized District Staff Signature Date

**Note: Prior Written Notice about Evaluation/Consent for Evaluation is not required.**

**Written Affirmation of Consultation for Parentally Placed Private School Students**

School District: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

This affirms that the \_\_\_\_\_ School District/Supervisory Union has engaged in timely and meaningful consultation with representatives of private schools located in the district and with representatives of students attending those schools.

**The consultation process included required components through the following:**

**1. Child Find**

Students will be identified and referred by (check all that apply):

- |                        |  |
|------------------------|--|
| Screening              | Referral by private school teacher or administrators |
| Phone calls            | Surveys  |
| Written Correspondence | Notice in Public Places                              |
| Other                  |  |

Parents, teachers and private school officials are notified of the child find process by (check all that apply):

- |                             |                           |
|-----------------------------|---------------------------|
| Postings at private schools | Postings in the community |
| Public announcements        | Other                     |

**2. Determination of Proportionate Amount of Federal Funds**

Private school representatives are informed of the amount of Federal funds available and how this is determined by (check all that apply):

- |   |       |
|---|-------|
| Review LEAP calculation of proportionate amount | Other |
|---|-------|

**3. Consultation Process**

Timely and meaningful consultation was conducted in the following ways (check all that apply):

- |                        |             |
|------------------------|-------------|
| Meetings               | Phone Calls |
| Written Correspondence | Surveys     |
| Other                  |             |

Consultation throughout the school year to ensure that parentally-placed private school students with disabilities identified through the child find process can, when a services plan is offered, meaningfully participate in special education and related services will be accomplished by (check all that apply):

- |                        |             |
|------------------------|-------------|
| Meetings               | Phone Calls |
| Written Correspondence | Surveys     |
| Other                  |             |

**Written Affirmation of Consultation for Parentally Placed Private School Students - page 2**

**4. Determination of Services**

The method and timeline for how, where and by whom special education and related services will be provided and the types of services, including direct services and alternate delivery mechanisms:

LEA will review the following by \_\_\_\_/\_\_\_\_/\_\_\_\_ (date) in order to make determinations regarding services:

Child Count	LEAP	Services Plans
Staff Availability	Other	

Services will be provided through:

Direct Services by LEA	Through a third party contractor	Other
On-site at private school	Written Correspondence	

In all cases safeguards will ensure that the instruction is secular, in a neutral place, non-ideological, and supplemental.

**5. How services will be apportioned if funds are insufficient to serve all children and how and when these decisions will be made:**

LEA will make decisions regarding apportionment of funds by \_\_\_\_/\_\_\_\_/\_\_\_\_ (date) using the following information:

Funds are not sufficient - No services are to be provided	Funds are sufficient to allow the following to be provided: As needed by each child through a services plan Multiple services/consultation to the school One service/consultation to the school Other; described in an attachment
---	---

As a result of the consultation process, we agree.

\_\_\_\_\_  
Signature, LEA Representative Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Signature, Private School Representative: Date \_\_\_\_/\_\_\_\_/\_\_\_\_

As a result of the consultation process I do not agree to the following services provided by the \_\_\_\_\_ School District/Supervisory Union for parentally placed students who are eligible for special education.

Services	Location	Provider

\_\_\_\_\_  
Signature, Private School Representative Date \_\_\_\_/\_\_\_\_/\_\_\_\_