

**IBERVILLE PARISH SCHOOL BOARD**

**LETTER FOR PRIOR NOTICE OF PROPOSED ACTION  
BY THE LOCAL SCHOOL SYSTEM**

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

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

Dear Mr. & Mrs.: \_\_\_\_\_

This letter is an invitation for you to attend a meeting for \_\_\_\_\_ to  
(Students Name)

- discuss the results of the evaluation and documentation of the determination of eligibility.
- develop or review an individualized education program (IEP) and to determine placement 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 nay other special factors. At this meeting, unless you disagree, we will have a draft copy of the instructional plan 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 can be modified by the Team before the IEP is finalized.
- discuss at the IEP Team meeting, your child's possible eligibility for working towards a Certificate of Achievement (instead of a high school diploma) because either:
  - \_\_\_ data appear to support your child's participation in one of the alternate assessment. Students participating in an alternate assessment are eligible to work towards a Certificate of Achievement. The decision for participation in alternative assessment will be made with you at the IEP meeting.
  - or
  - \_\_\_ your child will be participating in the general statewide assessment (GEE), but may meet the provisional eligibility criteria for working towards a Certificate of Achievement.
- discuss at the IEP Team meeting, your child's possible eligibility for entering the Options (PreGED/Skills) Program. Your child must be 16 years of age or older or turn 16 years of age during the year they are to enroll in the program, and meet eligibility criteria. If successful, your child will receive a Louisiana Equivalency Diploma and/or a Skills Certificate, not a standard Louisiana High School Diploma.
- 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.

Your child will be personally invited to participate in the IEP Team meeting. Selected representatives of adult transitional services may also be invited. If you would like to have another person(s) associated with adult transitional services present, please notify us so that arrangements can be made.

- consider disciplinary action.
- reevaluate your child’s need for special education services. Your permission is requested for the reevaluation\*(page 4). 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.
  - \_\_\_ interviews 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 setting.
  - \_\_\_ a review of all his/her educational records.
  - \_\_\_ assessments 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 deemed necessary by the IEP Team.

In addition to you and your child (unless you choose not to have him/her there), the persons listed below have been invited to attend this meeting and participate as members of the IEP Team. You may also bring other persons with you to assist in planning your child’s educational program.

School System Personnel:

Representatives of Adult Services

\_\_\_\_\_  
Officially Designated Representative

\_\_\_\_\_  
Evaluation Representative

\_\_\_\_\_  
Regular Education Teacher

\_\_\_\_\_  
Special Education Teacher

\_\_\_\_\_  
Others (list):

White – Parent

Canary – Teacher

Pink – Central Office

Goldenrod – Pupil Appraisal

The following arrangements have been made for the meeting:

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

Time: \_\_\_\_\_

Location: \_\_\_\_\_

Please indicate below 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 form within three (3) days.

Parents of a child with a disability are afforded protection under the procedural safeguards of the *Regulations for Implementation of the Children with Exceptionalities Act*. These procedural safeguards are described in the enclosed copy of *Louisiana's Educational Rights of Children with Exceptionalities in Public Schools*.

If you have any questions or concerns, please contact:

\_\_\_\_\_ at \_\_\_\_\_

Sincerely,

Enclosure

Child's Name: \_\_\_\_\_

PLEASE CHECK THE APPROPRIATE SPACES AND **RETURN THIS FORM WITHIN THREE (3) DAYS TO:**

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

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

\_\_\_\_\_

\_\_\_\_\_ I plan to attend the IEP Team meeting at the time and place indicated in the notification letter.

\_\_\_\_\_ 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 give permission for you to conduct the reevaluation and any additional test that may be needed.

\_\_\_\_\_ I have received a copy of *Louisiana's Educational Rights of Children with Exceptionalities in Public Schools*. **Note:** A copy of the procedural safeguards available to the parents of a child with a disability shall be given to the parents only one time a year, except that a copy also shall be given to the parents (1) upon initial referral or parental request for evaluation; (2) upon the first occurrence of the filing of a complaint; (3) upon request by a parent.

\_\_\_\_\_ I have received a copy of the evaluation report and documentation of the determination of eligibility.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date