

NOTICE OF COMMITTEE MEETING

(Proposed Action to Initiate the Development or Review/Revision of IEP; Determine Behavior Plan/Interventions & Manifestation Review; Reevaluation)

SCHOOL DISTRICT Specialized Treatment Facility

DATE: [] MAILED [] SENT [] GIVEN _____

SCHOOL: Roger A. McMurtry NAME OF STUDENT: _____

Dear Parent:

You are invited to a meeting to discuss your child's education services and program. Any changes in your child's educational placement will also be discussed. Such services and changes in your child's program will be determined by the IEP Committee. You are considered a committee member; therefore, your participation in this meeting is needed.

We encourage you to attend this meeting as decisions will be made regarding your child's educational program. Your involvement is an important part of your child's education and your participation in this meeting is needed. The meeting will be held as follows:

TIME: _____ DATE: _____ LOCATION: _____

The purpose of the meeting is to:

- [] *Develop the IEP for your child, including the determination of your child's special education and related service needs
[] **Discuss transition services
[] Discuss options for exiting high school
[] Determine your child's placement for receiving special education services
[] Review and, as necessary, revise your child's IEP
[] Review and, as necessary, revise your child's IEP based on the hearing officer's order to place in an interim alternate setting
[] Review your child's placement for services
[] Discuss reevaluation to determine whether your child continues to have a disability, including the need for special education and related services and whether your child's current disability category continues to be appropriate
[] Determine placement based on disciplinary action by school authorities
[] Develop and/or review a behavior plan for your child
[] Develop and/or review behavioral interventions
[] Determine if your child's behavior(s) is related to your child's disability
[] OTHER (Please specify): _____

Reason(s) for such action(s) proposed include requirement to:

- [] Determine appropriate special education and, as necessary, related services for your child
[] Develop an IEP for your child so that special education and, as necessary, related services may be initiated
[] Determine your child's placement to receive appropriate services
[] Review and, as necessary, revise your child's IEP to ensure appropriate services are provided
[] If your child is at least 14, discuss and develop/revise transition services which are a coordinated set of activities based on your child's needs that promote movement from school to post-school activities
[] If your child is at least 16, discuss services from other agencies that may be available to assist with transition services
[] Review program options and determine the appropriate placement for your child to receive services and, as appropriate, change your child's placement to an appropriate setting
[] Review the placement of your child based on his/her educational needs
[] Conduct a reevaluation due to three year mandate
[] Conduct a reevaluation as requested by the parent(s) or teacher(s) or as conditions warrant
[] Determine the interim alternate setting for placement based on disciplinary action by school authorities
[] Change your child's placement to another setting due to disciplinary action(s)
[] Develop a behavior plan or review an existing plan and revise the plan, if necessary
[] Develop behavior interventions or review existing interventions and revise them, if necessary
[] Determine if your child's behavior(s) is related to your child's disability
[] OTHER (Please specify): _____

Options considered before convening this meeting:

- [] Regular education without services [] Tutoring [] Alternate Program
[] Change in teaching methodology [] Schedule change [] Current placement with supplementary aids and services, as appropriate
[] Behavior interventions [] Counseling [] Rules and requirements mandate need for meeting
[] Bilingual/ESL services [] Remedial Program
[] OTHER (Please specify): _____

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The options considered were rejected by school personnel due to:

- | | |
|---|---|
| <input type="checkbox"/> Continued academic difficulty by your child | <input type="checkbox"/> Disciplinary action(s) requirement that placement be changed in accordance with district policies |
| <input type="checkbox"/> Interventions were unsuccessful | <input type="checkbox"/> No rejection of options; meeting must be held due to regulations and the need to review and, if necessary, revise your child's IEP |
| <input type="checkbox"/> Educational needs cannot be met in current placement | |

The following persons have been asked to attend this meeting (Name):

Student	Yes/No		
Psychologist	_____	Assessment personnel	_____
Diagnostic personnel	_____	School Administrator	_____
Behavior Specialist	_____	Regular Education Teacher	_____
Occupational Therapist	_____	Social Worker	_____
Vocational representative	_____	Physical Therapist	_____
Speech/Language Pathologist	_____	Special Education Teacher	_____
OTHER (specify): _____			

The following evaluation procedures, tests, records or reports will be reviewed and discussed:

- | | | |
|---|---|--|
| <input type="checkbox"/> Vision/hearing screening | <input type="checkbox"/> Personality assessment | <input type="checkbox"/> Progress reports |
| <input type="checkbox"/> Classroom observations | <input type="checkbox"/> Curriculum-based assessment | <input type="checkbox"/> Current IEP |
| <input type="checkbox"/> Academic achievement | <input type="checkbox"/> Vocational assessment | <input type="checkbox"/> Disciplinary action(s) by school authorities |
| <input type="checkbox"/> Speech/language skills | <input type="checkbox"/> Assistive technology assessment | <input type="checkbox"/> Requirements for high school graduation |
| <input type="checkbox"/> Gross/fine motor skills | <input type="checkbox"/> Self-help/adaptive behavior | <input type="checkbox"/> Program placement options |
| <input type="checkbox"/> Oral facial functioning | <input type="checkbox"/> Functional behavioral assessment | <input type="checkbox"/> Criteria for extended school year |
| <input type="checkbox"/> Visual/auditory skills | <input type="checkbox"/> Cognitive functioning | <input type="checkbox"/> Preliminary goals & objectives for services |
| <input type="checkbox"/> School and/or home behaviors | <input type="checkbox"/> Hearing officer's decision | <input type="checkbox"/> State and/or district assessment program criteria |
| <input type="checkbox"/> Audio logical evaluations | <input type="checkbox"/> Parental input | |
| <input type="checkbox"/> Functional vision assessment | <input type="checkbox"/> OTHER (Please specify): _____ | |

*Regulations require that written parental permission be obtained prior to the initial provision of special education and, as necessary, related services outlined on your child's IEP. After we agree on your child's initial IEP, we will want you to give us permission in writing for placement. No special education and related services will be provided to your child without your written permission.

**Your child has been invited to the meeting since one purpose of the meeting is to discuss and plan transition services. Your child's attendance is needed so we can discuss his/her preferences and interests in relation to transition services. If your child is at least 16 years old, staff from other agencies who may be able to provide appropriate services have also been invited to attend. The agencies they represent are shown below:

- | | |
|--|--|
| <input type="checkbox"/> Department of Vocational Rehabilitation | <input type="checkbox"/> Department of Mental Health |
| <input type="checkbox"/> OTHER (Please specify): _____ | |

You may bring any individuals you believe would be of help to you due to their knowledge or expertise regarding your child.

You may contact me or any of the following resources to help you understand the federal and State regulations for educating children with disabilities and parental rights granted by those regulations:

- | | |
|--|----------------|
| Mississippi Department of Education | 1-601-359-3498 |
| MDE Toll Free Parent Hotline | 1-877-544-0408 |
| Mississippi Parent Training Information Center | 1-800-721-7255 |
| Disability Rights Mississippi | 1-800-772-4057 |
| Project EMPOWER | 1-800-337-4852 |

Both State and federal regulations concerning the education of children with disabilities include many parental rights and responsibilities. A copy of the procedural safeguards which include the rights available to you and your child are enclosed with this notice.

Please keep these pages for your records and complete the attached Response Form and return it to me by the noted timeframe in order to finalize the plans for the meeting. Your input and opinions concerning your child's services and placement are very important. Sincerely,

Sandra Holbrook, Ed. S
Name and Title

228.328.6000-ext.130
Telephone Number