

JOHNSTON PUBLIC SCHOOLS

Special Services

DATE: _____ IEP TEAM _____ EVALUATION TEAM _____

STUDENT _____ D.O.B. ____/____/____

SCHOOL _____ GRADE _____ TEACHER/COUNSELOR _____

PARENT/GUARDIAN _____ ADDRESS _____

TELEPHONE (H) _____ (W) _____ (C) _____

This form is to be completed every time the Johnston Public Schools proposes or refuses to change the identification, evaluation or educational placement of the child or the provision of a free appropriate public education to the child.

Under 34 CFR §300.503(a), the school district must give you a written notice (information received in writing), whenever the school district: (1) Proposes to begin or change the identification, evaluation, or educational placement of your child or the provision of a free appropriate public education (FAPE) to your child; or (2) Refuses to begin or change the identification, evaluation, or educational placement of your child or the provision of FAPE to your child. The required content under 34 CFR §300.503(b) is listed below. You also have protections called procedural safeguards under 34 CFR Part 300 and the R.I. Board of Education Regulations. The school district must provide the notice in understandable language (34 CFR §300.503(c)).

Dear Parent/Guardian/Adult Student:

1. Description of the action which is proposed (or refused) by the Team:

- Conduct an initial evaluation Evaluation is not needed at this time
- Determine that the student is *not eligible* for special education and related services
- Determine that the student *is eligible* for special education and related services
- Implement a new Individualized Education Program (IEP) dated ____/____/____ Revise an IEP dated ____/____/____
- Conduct a re-evaluation Discontinue services Other (specify) _____
- Conduct Annual Review

2. Explanation of reason why the Johnston Public Schools Team is proposing OR refusing to take that action:

- Evaluation results support the action recommended
- Educational performance supports the action recommended
- Previous IEP goals and objectives have been satisfactorily achieved
- Student has met *exit criteria* in the Individualized Education Program (IEP)
- Other (specify): _____

3. Other options which the Team considered but rejected in favor of the decision made: N/A _____

- Full-time placement in regular education with supplementary aids and services
- Other (specify): _____

4. Reason(s) why the Team rejected these other options (listed in #3 above): N/A _____

- Options would not provide the student with FAPE in the least restrictive environment
- Other (specify): _____

5. Describe any evaluation procedure, test records, or reports the Team used as a basis for its decision:

- | | | |
|---|--|---|
| <input type="checkbox"/> Parent Reports | <input type="checkbox"/> Teacher Reports | <input type="checkbox"/> Record Review |
| <input type="checkbox"/> Cognitive: _____ | <input type="checkbox"/> Classroom Observation | <input type="checkbox"/> Health/Medical: _____ |
| <input type="checkbox"/> Motor: _____ | <input type="checkbox"/> Communication: _____ | <input type="checkbox"/> Social/Emotional/Behavioral: _____ |
| <input type="checkbox"/> Grades: _____ | <input type="checkbox"/> Achievement: _____ | <input type="checkbox"/> Development: _____ |
| <input type="checkbox"/> Adaptive: _____ | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Progress Monitoring: _____ |

6. Resources for the parents to contact for help in understanding Part B of the IDEA and the Regulations of the Board of Regents for Elementary and Secondary Education of Children with Disabilities, the Johnston Public Schools recommends the following resources:

- √ Johnston Public Schools – Director of Special Services (401) 233-1900
- √ Rhode Island Department of Education – (401) 222-4600
- √ Rhode Island Parent Support Network – (401) 467-6855

7. Describe any other factors that are relevant to the Team’s decision:

- ___ There are no other factors that are relevant to the Team’s decision
- ___ Information/preferences shared by the student
- ___ Other (specify): _____

8. Enclosure (where appropriate):

- ___ Enclosure
- ___ A copy of the Procedural Safeguards can be obtained on line at www.johnstonschools.org or by contacting the Johnston Public Schools *Office of Pupil Personnel* at (401) 233-1900.

Method for communicating Written Prior Notice (Choose One):

- ___ A copy of the Prior Written Notice was hand delivered to the parent on _____
- ___ A copy of the Prior Written Notice was mailed by regular mail to the parent on _____

Consent and/or Parental Response

- ___ I authorize the Johnston Public Schools to conduct an **initial evaluation** of my child (to assist in determining an educational disability) as described within.
- ___ I authorize the Johnston Public Schools to conduct a **re-evaluation** of my child as described within.
- ___ I revoke consent for special education services.
- ___ I accept the initial Individualized Education Program (IEP) developed for my child.
- ___ No evaluation recommended ___ I agree ___ I disagree
- ___ I do not authorize evaluation although recommended.
- ___ I agree to exiting my child.
- ___ Other _____

The following evaluations will be completed:

EVALUATION	Mark as appropriate		Mark as appropriate
Psychological		Physical Therapy	
Educational		Occupational Therapy	
Social History		Vocational (Age 14+)	
Speech/Language		Formal Functional Behavioral Assess.	
Clinical Psychological		Other:	
Adapted Physical Education		Other:	

* No parent signature until evals are ready to be completed.

PARENT/ADULT STUDENT SIGNATURE

_____/_____/_____
DATE

TEN (10) SCHOOL DAYS NOTICE WAIVER *(to be used when parent agrees to less than a ten day notice timeline for a meeting)*

- ___ I waive my right to 10 school days prior written notice before the Johnston Public Schools convenes a Team meeting.
- ___ I waive my right to 10 school days prior written notice before the Johnston Public Schools implements the IEP or changes in the IEP.

PARENT/ADULT STUDENT SIGNATURE

_____/_____/_____
DATE