

**Harvey County Special Education Cooperative**  
**308 East 1<sup>st</sup> Street**  
**Newton, KS 67114-3846**  
**316-284-6580**

**NOTICE OF MEETING**

**To:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Parent/Legal Educational Decision Maker)

**On be half of:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
(Student's name)

**Proposed meeting date, time and place:** \_\_\_\_\_

**MEETING TO REVIEW THE EVALUATION AND DETERMINE ELIGIBILITY**

- The results of the evaluation or reevaluation of your child are now available. By law, we must meet with you to review the evaluation results for your child, including any evaluations or information you wish to provide, current classroom-based assessments and observations, and teacher or other staff observations, to determine, with your input:
- 1) your child's academic achievement, functional performance, and educational needs;
  - 2) whether your child has or continues to have an exceptionality; and
  - 3) whether your child needs special education and related services.

**MEETING TO DEVELOP THE INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

- As the parent of an exceptional child, you are entitled to a 10-day prior written notice of any meeting to discuss the needs of your child and develop an individualized education program (IEP). You may consent to hold the meeting with less than 10-days written notice.

If it is determined that your child is eligible, or continues to be eligible, for special education and related services, the IEP team will develop an individualized education program (IEP) for your child and determine the appropriate placement.

The team will make its decisions based upon the results of the evaluation procedures which we previously told you we would administer in the Notice of Proposed Evaluation and Request for Consent, which you signed. The team will also consider the strengths of your child and any recommendations you have for enhancing the education of your child.

- Discuss possible changes in your child's individualized education program (IEP).
- Conduct an annual review of your child's individualized education program (IEP).
- If your child will be at least 14 years old during the anticipated duration of this IEP, the IEP team will develop postsecondary goals and transition services to promote movement from school to post school activities. Postsecondary goals and transition services can be considered at a younger age if determined appropriate by the IEP Team. Your child is invited by the school to attend the meeting.
- Other

As required by federal and state law, in addition to you, we will have the following people at our IEP meeting:

1. A general education teacher of your child;
2. A special education teacher of your child;
3. A school representative;

4. If this is an initial IEP, a representative of the Part C system (Early Intervention Program for Infants and Toddlers with Disabilities) if your child is transitioning from Part C to Part B, and you have requested participation of a Part C representative.

5. Student \_\_\_\_\_ As required by federal and state regulations, the district invites your son/daughter to attend the IEP meeting when postsecondary goals and transition services will be considered. Postsecondary goals and transition services can be considered at any age, but must be included in the first IEP to be in effect when your child reaches age 14.

6. Other(s) who can help explain the evaluation results or who have knowledge or special expertise regarding your child or services that may be needed.

\_\_\_\_\_ (position) \_\_\_\_\_ (position)

\_\_\_\_\_ (position) \_\_\_\_\_ (position)

If necessary, and with your consent, staff from other agencies that may be able to provide appropriate transition services/linkages will be invited to our meeting. The agencies they represent are shown below:  
\_\_\_\_\_

It is very important that the parents, or you as the student, if age 18 or over, attend this meeting. Parents may invite their minor child to this meeting. Students age 18 or over may invite their parents. Also, you have a right to bring one or more persons with you who are knowledgeable about the needs of the student. If an evaluation has been conducted, you may review all of the evaluation results before we have our meeting. A copy of the evaluation report will be given to you.

If the above date, time or place is not agreeable to you, or if you would like to schedule an appointment to review the evaluation results, please contact

\_\_\_\_\_ at \_\_\_\_\_ immediately.  
(School Contact) (Phone)

**PROCEDURAL SAFEGUARDS TO PROTECT PARENTS' RIGHTS**

Both state and federal laws concerning the education of children with exceptionalities include many parental rights. Receiving notices of action the school wants to take in regard to your child and being a part of your child's educational planning team are examples of the rights these laws give you. These laws also require that the school follow certain procedures to make sure you know your rights and have an opportunity to exercise those rights.

A copy of your rights is provided to you upon request, and at least once each year. You should carefully read them and, if you have any questions regarding your rights, you may contact the school representative listed above.

**ADDITIONAL INFORMATION**

You may contact any of the following resources to help you understand the federal and state laws for educating children with exceptionalities and parental rights (procedural safeguards) granted by those laws:

Kansas State Dept. of Education 800-203-9462 Disability Rights Center of Kansas (DRC): (877) 776-1541 Families Together, Inc. 800-264-6343 Keys for Networking 785-233-8732	<u>Other Local Resources:</u>
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**ACKNOWLEDGMENT**

- I plan to attend the meeting as scheduled.
- I am unable to attend the meeting as scheduled and I would like to schedule the meeting at another date, time or place. I am available to attend a meeting on the following dates and times:  
\_\_\_\_\_

- I consent to waive my right to a 10-day prior written notice of the meeting to develop, review or revise the IEP for my child.  
 \_\_\_\_\_ Date \_\_\_\_\_  
 (Parent/Legal Education Decision Maker)  
 \_\_\_\_\_ Date \_\_\_\_\_  
 (Parent/Legal Education Decision Maker)