

**Radford City Public Schools**

1612 Wadsworth Street

Radford, VA 24141

540-731-3647

Student ID:

FTE Number:

Student Testing ID:

Date of Birth:

**Meeting Notice**

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To: \_\_\_\_\_ Letter Dates: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date Sent To Participants: \_\_\_\_\_

This is to notify you that an IEP team meeting has been scheduled for the above student. Your participation and attendance at this meeting are very important. This IEP meeting must be scheduled at a mutually agreed upon time and place. The purpose of this meeting is to (check all that apply):

Service Plan

Discuss transition/post-secondary goals

Review of Existing Data

Other

This meeting has been scheduled for: Date \_\_\_\_\_ Time \_\_\_\_\_

Location \_\_\_\_\_

The following are invited to attend and participate in the IEP meeting:

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

\* If the purpose of the meeting includes the development of transition services needs (beginning at age 14 or younger) the student will be invited. If the purpose of the meeting is the consideration of needed transition services (beginning at age 16 or younger) the student and representatives of the following agencies will be invited:

\_\_\_\_\_

The parent/adult student or school division may invite individuals who have knowledge or special expertise regarding the student, including related services personnel, to participate. The determination of the knowledge or special expertise shall be made by the person/party extending the invitation. If you, the parent or adult student, are bringing other individuals to the meeting, please let us know. This will ensure that the meeting space will accommodate all team members.

If you have any questions or would like additional information or assistance to help you prepare for this IEP meeting, please contact \_\_\_\_\_ at \_\_\_\_\_, e-mail \_\_\_\_\_.

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**Meeting Notice**

Date of IEP meetings: \_\_\_\_\_

Student: \_\_\_\_\_

To the Parent/Student

Please check your choice. Detach and return this section to \_\_\_\_\_ Fax \_\_\_\_\_

WILL ATTEND the IEP meeting as scheduled.

CANNOT ATTEND the IEP meeting as scheduled.

I understand the importance of attending. You may hold this meeting in my absence.

Please consider rescheduling this meeting.

(month/day/year)\_\_\_\_\_ at (time/place)\_\_\_\_\_.

Please contact me at \_\_\_\_\_ to determine a mutually agreeable date, time, and place for this IEP meeting.

I can participate by an alternate method (Select an option below).

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

I give permission to proceed without a meeting.

No response - Will proceed with meeting.

Would like my preferences, interests, concerns shared with the IEP team.

I will provide my input to you by: \_\_\_ Mail, \_\_\_ Telephone, \_\_\_ other means \_\_\_\_\_ prior to the meeting.

I will need the following accommodations for this IEP meeting:

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Date received by the school \_\_\_\_\_

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**Excused Team Members**

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Student's Name: \_\_\_\_\_ ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Attending School: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Parent/Guardian/Surrogate Name: \_\_\_\_\_

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

Home#: \_\_\_\_\_ Work#: \_\_\_\_\_

There is a meeting in reference to your child to be held on (date) \_\_\_\_\_ at (time) \_\_\_\_\_  
at (place) \_\_\_\_\_

The following team members have requested excusal from the meeting:

Name	Title	Reason

If the member's area of the curriculum or related service will not be discussed, the member may be excused without submitting comments in writing. If the member's area of curriculum or related service will be discussed, they may be excused but must provide comments in writing and submit this to the team in lieu of their appearance.

We agree to excuse the above team members from the meeting.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of District Representative

\_\_\_\_\_  
Date

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**Service Plan**

Student: \_\_\_\_\_

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

Birth Date: \_\_\_\_\_ Meeting Date: \_\_\_\_\_

Home Schooled: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Area of Disability: \_\_\_\_\_

Start Date: \_\_\_\_\_ Annual Review Date: \_\_\_\_\_

Present Level of Performance:

Goals/Objectives:

Goal: By \_\_\_\_\_ will \_\_\_\_\_

Short Term Instructional Objectives	Evaluation Method	Other Evaluation Method	Mastery Criteria	Review Date

Service(s)/Amount of Service:

The student's services as described will be provided in accordance with scheduled delivery by staff. Services are not provided or compensated for on days the school is closed for any reason (holiday/weather) and may not be provided during a partial day.

Service(s)	Provider	Frequency	Location	Duration

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**Service Plan**

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I understand that by choosing to enroll my child in a private school I am declining the full services/program that my child is currently eligible for under the Individuals with Disabilities Education Improvement Act (IDEIA 2004). If my child continues to be eligible and I enroll my child in a public school an Individualized Education Plan (IEP) will be developed.

**Signatures:**

\_\_\_\_\_  
(Parent/Guardian)

\_\_\_\_\_  
(Special Education Teacher)

\_\_\_\_\_  
(LEA Representative)

\_\_\_\_\_  
(General/Private Education Teacher)

\_\_\_\_\_  
(Student/Adult Student)

\_\_\_\_\_  
(Other)

\_\_\_\_\_  
(Other)

\_\_\_\_\_  
(Other)

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**Consent**

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

**Placement Decision**

The school division proposes to implement this IEP. This proposed IEP will allow the student to receive a free appropriate public education in the least restrictive environment. This decision is based upon a review of current records, current assessments and the student's performance as documented in the Present Level of Academic Achievement and Functional Performance. Parent and adult student rights are explained in Your Family's Special Education Rights--Virginia Procedural Safeguards Notice (revised August 2009). If you, the parent(s) and adult student, need another copy of Your Family's Special Education Rights--Virginia Procedural Safeguards Notice (revised August 2009) or need assistance in understanding this information please contact

\_\_\_\_\_ at \_\_\_\_\_  
e-mail \_\_\_\_\_ or

\_\_\_\_\_ at \_\_\_\_\_  
e-mail \_\_\_\_\_.

\_\_\_\_\_ Parent(s) initials here indicate that the parent(s) has read the above prior notice and attachments, if any, before giving permission to implement this IEP and the placement decision.

**Parent/Adult Student Consent:** Indicate your response by checking the appropriate space and sign below.

**I give** permission to implement this IEP and the placement decision.

**I do not give** permission to implement this IEP and the placement decision.

I understand that my child's IEP committee met on \_\_\_\_\_ and determined, based on a review of data obtained, that my child is no longer eligible for the related service of \_\_\_\_\_

**I give** consent for the termination of this related service, \_\_\_\_\_, for my child.

**I do not** consent for the termination of this related service, \_\_\_\_\_, for my child.

I have received a copy of my rights as a parent of a child eligible for special education services.

I have been given information on assessment participation for students with disabilities.

\_\_\_\_\_  
Parent Signature or Adult Student Signature (if appropriate)

\_\_\_\_\_  
Date

**Transfer of Rights at the Age of Majority (Age 18):**

Indicate the date that the student and parent were informed of the transfer of parental rights under IDEA to the adult student at the age of 18. This must occur at least one year prior to the age of 18.	
_____ Date	_____ School Official Signature
I was informed of the parental rights under IDEA and that these rights transfer to me at age 18.	
_____ Date	_____ Student Signature
I was informed of the parental rights under IDEA that transfer to my child at age 18.	
_____ Date	_____ Parent Signature

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**Prior Notice**

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Actions proposed or refused by Radford City Public Schools:

Rationale for why actions were proposed or refused:

Other options considered:

Reasons why options were rejected:

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**Prior Notice**

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Description of any assessment data or reports used to make the decision:

Other factors relevant to proposal or refusal:

Follow-up meeting date, if appropriate: \_\_\_\_\_

**Note:**

The parents of a child with a disability have protection under Your Family's Special Education Rights--Virginia Procedural Safeguards Notice (revised August 2009) of the Individuals with Disabilities Education Act. A copy of Your Family's Special Education Rights--Virginia Procedural Safeguards Notice (revised August 2009) has already been given to you OR is enclosed with this document. Should you need an additional copy of Your Family's Special Education Rights--Virginia Procedural Safeguards Notice (revised August 2009), please contact the Special Education Office. To obtain assistance in understanding the provisions of this notice, contact the Office of Special Education at:

\_\_\_\_\_ at \_\_\_\_\_  
e-mail \_\_\_\_\_ or

\_\_\_\_\_ at \_\_\_\_\_  
e-mail \_\_\_\_\_