

NOTICE:	
#1 <input type="checkbox"/>	DATE _____
#2 <input type="checkbox"/>	DATE _____
#3 <input type="checkbox"/>	DATE _____

NOTICE OF CONFERENCE

PERSON(S) RECEIVING NOTICE: (check one) PARENT/GUARDIAN STUDENT
 Dear _____:

The purpose of this notice is to inform you that a meeting regarding _____
Child's Name

Will be held on _____ at _____ in _____ because:
(Date)
(Time)
(Location)

**THE PUBLIC AGENCY PROPOSES
TO INITIATE OR CHANGE:**

**THE PUBLIC AGENCY REFUSES TO INITIATE OR
MAKE CHANGES YOU HAVE REQUESTED
CONCERNING:**

[Check those that apply]

- The referral of your child for consideration of special education and related services
- An evaluation of your child (___initial, ___independent, ___reevaluation)
- An individualized education program (IEP) for your child:
 - Initial IEP Transition services Annual review
 - Discipline Transfer of Rights Related services
 - Student progress Extended School Year Services (ESY)
 - The educational placement of the child (___dismissal from special education, if applicable)

THE FOLLOWING PERSONS WILL ATTEND THE MEETING [Check those that apply and list individual(s)]:

- Parent/Guardian _____ Regular Class/EC Teacher _____
 - Child, if appropriate _____ Special Ed. Rep. _____
 - Assessment Personnel _____ Public Agency Representative _____
 - Other Agency Personnel _____ Other* _____
- (Name/Agency)

*Other individuals may participate in this meeting at the discretion of the parent or agency.

THE FOLLOWING INFORMATION WILL BE REVIEWED AND DISCUSSED [check those that apply]:

- Developmental screening results (3-5) Classroom/home observation reports
- Individual assessment results Teacher reports/report cards
- Independent evaluation reports School permanent records/medical records
- Parent, child and/or service provider information Current IEP
- Group/individual achievement/developmental Disciplinary records
- Skill regression/recoupment information Classroom-based assessment results
- Existing evaluation data Other _____
- Medicaid/insurance billing (Specify)

DESCRIPTION OF THE ACTION(S) PROPOSED OR REFUSED:

EXPLANATION OF WHY ACTIONS ARE PROPOSED OR REFUSED:

DESCRIPTION OF ANY OTHER OPTIONS CONSIDERED AND THE REASON(S) THE OPTIONS WERE REJECTED:

Description of each evaluation procedure, assessment, record or report the school district used in deciding action proposed. (See descriptions of evaluation components checked below.)

DESCRIPTIONS OF EVALUATION COMPONENTS

Relevant functional and developmental information, including information provided by the parent, may be obtained from the following evaluation components:

Adaptive Behavior/Self-Help Development: assesses your child's general behaviors at home, school and within the community.

Audiological Evaluation: pure-tone testing to include air and bone conduction and impedance testing of middle ear functioning.

Classroom-based Assessment and Observation: assesses your child's performance and behavior in a classroom setting; conducted by someone other than your child's classroom teacher.

Communicative Abilities:

Speech: assesses your child's articulation (speech sounds), voice, fluency and motor skills for speech.

Language: assesses your child's comprehension and expression of language, written and/or spoken.

Developmental/Medical history: provides information about your child's developmental progress and medical history.

Hearing Screening: screens your child for hearing acuity.

Individual Achievement: measures your child's achievement in such areas as listening comprehension, oral and reading comprehension, math calculation and reasoning, and written language.

Individual Intelligence/Cognition: assesses your child's ability to learn; is administered individually to child by a trained professional.

Individual Development: measures your child's skills and ability in areas of cognition, communication, fine and gross motor, self-help and social/emotional.

Motor Development: assesses your child's ability to use small (fine) and large (gross) muscles effectively to master hand skills, standing, walking, balancing, climbing, etc.

Observation: assesses your child's performance and behavior in a classroom setting, home or natural environment and is conducted by someone other than your child's classroom teacher.

Occupational Therapy: assesses your child's fine motor skills and abilities for general or specific activities.

Other Assessment(s): such additional assessment(s) as are required to ensure that your child is assessed in all areas, and includes information related to enabling the child to be involved in and progress in the general curriculum or preschool activities.

Physical Therapy: assesses your child's gross motor skills and abilities for general or specific activities.

Social/Emotional: information collected about your child's ability to develop and maintain functional interpersonal relationships and to exhibit age appropriate social and emotional behavior. It may include rating scales, personal inventories, behavioral observations, projective tests and personal interview.

Vision Screening: screens your child for visual acuity.

Vocational Interests/Aptitude: assesses your child's interests and capabilities for different types of work.

THE FOLLOWING ADDITIONAL FACTORS ARE RELEVANT TO THE ACTION PROPOSED:

The parents of a child with a disability, or the child with a disability, have protections under procedural safeguards of IDEA (Individuals with Disabilities Education Act). A copy of "Your Rights Under the IDEA" may be downloaded to print from the following website: <http://arksped.k12.ar.us/sections/rulesandregulations.html>, Appendix A, Required Forms, Item #4. The following sources are available should you need assistance in understanding your rights.

Individual/Group/Agency

Phone Number

Signature of Public Agency Official/Designee

Phone Number

Date