

PARENTAL NOTICE OF IEP MEETING

Student: _____ Date: _____

Parent/Guardian: _____ Address: _____

Phone: _____

Dear _____ and _____
(Student at age 14)

An IEP meeting has been scheduled for _____, _____ at _____
at the _____

The purpose of the meeting is:

Members who will be invited to the meeting include:

Name	Title	Name	Title
------	-------	------	-------

We strongly encourage parents to attend each meeting. Your participation and assistance regarding your child's educational program are important. We will make every attempt to schedule meetings regarding your child at mutually convenient times. If there is a problem, please contact your child's case manager. The school district is required to provide parents with ten days notice of any meeting which is planned to develop or revise their child's Individual Education Program (IEP). However, the parents and the school district may agree to waive this notice.

Meeting confirmed verbally on: _____ Statement of Parental Rights enclosed

Written notice mailed on: _____

Parent/Guardian Signature: _____

Please list any additional attendees you will be bringing to the meeting.

NAMES

SIGNATURE

Special Services

432 Main Street, Fremont NH 03044

WRITTEN PRIOR NOTICE

Student: _____

Meeting Date: _____

Grade: _____

Date of Birth: _____

Parent/Guardian: _____

Team Decision which is proposed to parent:

Reason(s) why the Team made this decision:

Other option(s) which the Team considered but rejected in favor of the decision it made and the reason(s) why the Team rejected these other option(s):

Documents upon which the Team based its decision:

- Progress reports
- Medical reports
- Observations
- Assessments
- Other: _____

Documents pertinent factors which the Team considered regarding this decision:

- Parent input
- Teacher input
- Nursing needs
- Transportation factors: _____
- Safety factors
- Other: _____

I have received this action plan and...

I agree with this proposal

I disagree with this proposal

Parent/Guardian Signature _____

Date _____

Parent requests to discontinue Special Education Services

Date Consent Revoked: _____

By revoking your consent for the continued provision of special education and related services, your child immediately becomes a general education student, is subject to normal disciplinary actions and is considered exited from special education.

School District: NH SAU #83

District Address: 432 Main Street, Fremont NH 03044

Case Manager: _____ Phone #: _____

AUTHORIZATION TO EXCHANGE INFORMATION

Date: 05/14/2014

Full Name: _____ DOB: _____ School: _____

Parent's Name: _____ Phone: _____

Street: _____ City: _____ State: _____ Zip: _____

We are planning to request/release your child's records and need your consent to do so. The purpose of this request is:

The following records will be released: (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Cumulative School Records | <input type="checkbox"/> Guidance Records | <input type="checkbox"/> Educational Records |
| <input type="checkbox"/> Medical/Health Records | <input type="checkbox"/> Evaluation Records | <input type="checkbox"/> Special Education Records |
| <input type="checkbox"/> Other: _____ | | |

Information will be released to (agency or school district): _____

Address: _____ Phone: _____

Information will be released to (agency or school district): _____

Address: _____ Phone: _____

Person requesting release:

Name: _____ Title: _____ Phone: _____

Your consent may be revoked at anytime except for information disclosed prior to revocation. This consent expires one year from the date of consent unless otherwise specified.

- I give my permission to have information on my child released as indicated above.
- I refuse permission to have information on my child released as indicated above.
- I would like to talk to someone at the school before making my decision.

Signature (parent,guardian,adult student): _____

Date: _____

District of Liability: NH SAU #83

School: _____

District Contact Person: None Assigned

Phone #: None Entered

Individualized Education Program Amendment

Student Name: _____ DOB: _____ Grade/Level: _____

Disability: _____ IEP Dates-From: _____ To: _____

Start date of these changes: _____ End date of these changes: _____

List IEP pages included with this document: _____

This proposed IEP change relates to: _____

DESCRIBE SPECIFIC CHANGES BEING PROPOSED:

(Include description of current arrangement, and indicate if the proposed change revises material in the IEP, adds elements or deletes elements. If these proposed changes will also result in changes in the student's placement arrangement such as building, program, or a number of service hours, use this form with a "Special Education Placement Proposal Form." Add additional sheets if necessary).

RIGHTS AND PROTECTIONS: All other elements of the current IEP will remain the same. All rights held by the parent with respect to the development and implementation of IEPs apply to this amendment. No changes will be made in the student's special education program until and unless approved by the parent.

FINANCIAL RESPONSIBILITY: Unless otherwise specified here, the School District whose authorized representative has signed below is responsible for costs related to the implementation of the amended IEP.

School Other _____

Authorized School District Representative: _____

Parent Signature: _____

Relationship to Student: _____ Date: _____

Parent's Response to Special Education Proposal

This is a document for parents to indicate their formal response to a school district proposal related to a special education for their child. Parents may take up to 14 calendar days from the date on which they receive the proposal to respond. This insures that the special education process can be conducted in a timely and appropriate manner. The 14-day time limit may be extended if both the parent and School District agree to an extension.

Parent(s) Name: _____ Student Name: _____

Address: _____

Proposal details are enclosed (Document/Date) _____ SPEDIS #: _____

Date of Transmittal: _____

Transmittal Method: _____

Contact Person: _____

Parents: Please indicate your response to this special education placement proposal by checking the box(es) which reflect your decision, and then sign the document in the space provided.

- I AGREE TO THE PROPOSALS for the provision of special education described in the attached document.
- I DO NOT AGREE TO THE PROPOSALS for the provision of special education described in the attached document.
- I AGREE TO THE PROPOSALS for the provision of special education described in the attached document, WITH THE EXCEPTIONS GIVEN BELOW. I understand that the portions of the document to which I have agreed will be implemented on the initiation dates set forth in the document.

EXCEPTIONS _____

Parents:

If you disagree with this proposal, there are several ways to resolve the matter.

- If you disagree with the proposal and wish to resolve the matter by initiating due process proceedings, check this box in addition to the one which you have already checked.

I REQUEST A DUE PROCESS HEARING

Parents:

Your signature below will also verify that you have received a copy of "Parental Rights in Special Education". If you have NOT received this publication, request one from the contact person named above, and sign this document only after you have received and reviewed it.

My response to this special education proposal is indicated above, and I have received a copy of "Procedural Safeguards for Special Education".

Parent's Signature: _____

Date: _____

Relationship to Student: _____

IEP TEAM MEETING MINUTES

Student: _____

Date: _____

SUMMARY OF MEETING:

Recorder of Meeting Minutes

School: _____
School Address: _____
Case Manager: None Assigned Phone #: None Entered
District of Liability: _____

Individualized Education Program

STUDENT INFORMATION:

Full Name: _____ Date of Birth: _____ Age: _____
Street: _____ City: _____ State: _____ Zip: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Male Female Primary Disability: _____
SASID: _____ SPEDIS: _____ Secondary Disability: _____
Grade/Level: _____ Primary Language: _____ (if applicable)
Is the student court-placed? Yes No Tertiary Disability: _____
(if applicable)

PARENT/GUARDIAN INFORMATION:

Full Name: _____ Relationship to Student: _____
Street: _____ City: _____ State: _____ Zip: _____
Phone: _____ Work Phone: _____ Cell Phone: _____
E-mail: _____ Primary Language: _____

PARENT/GUARDIAN INFORMATION

Full Name: _____ Relationship to Student: _____
Street: _____ City: _____ State: _____ Zip: _____
Phone: _____ Work Phone: _____ Cell Phone: _____
E-mail: _____ Primary Language: _____

MEETING INFORMATION:

IEP term dates- From: _____ To: _____ From: _____ To: _____
Date of Meeting: _____ Date of Annual Review: _____
Purpose of Meeting: Initial IEP Annual Review Reevaluation IEP Amendment
 Extended Year Stay Put Court-Ordered
Date of next 3 Year Reevaluation Meeting: _____

Student Name: _____ DOB: _____ Grade/Level: _____
SASID: _____ IEP Dates From: _____ To: _____
SPEDIS: _____ From: _____ To: _____

Individualized Education Program

Student Profile:

Describe how the student's disability affects the student's involvement and progress in the general curriculum and non-academic areas including information from the most recent evaluations. For preschool students, as appropriate, describe how the disability affects the student's participation in appropriate activities:

Describe the student's strengths:

Describe the student's needs:

Academic:

Functional:

Describe any behaviors which may impede learning:

Describe the parent's input for enhancing the student's education:

Student Name: _____ DOB: _____ Grade/Level: _____
 SASID: _____ IEP Dates - From: _____ To: _____
 SPEDIS: _____ To: _____

Individualized Education Program

Measurable Annual Goal

State Standard/GSE/GLE: _____ Goal Number: _____

Area of Need:

Present Level of Academic Achievement:

Present Level of Functional Performance:

Measurable Annual Goal:

How Progress will be measured:

Implementation Personnel:

Benchmarks (Required only for students needing Alternate Assessments)				
N/A				
N/A				
N/A				
N/A				
N/A				

How the child's parent(s)/guardian(s) will be regularly informed:

- Levels of Mastery:**
1. Mastered: Consistently applied performance standard criteria.
 2. Performance demonstrated: Meets all performance criteria at times.
 3. Partially demonstrated: Meets some of the performance standard criteria.
 4. Attempted only: Unable to meet performance standard criteria and/or requires significant assistance.
 5. Not yet introduced.

Student Name: _____ DOB: _____ Grade/Level: _____
SASID: _____ IEP Dates From: _____ To: _____
SPEDIS: _____ From: _____ To: _____

Individualized Education Program

General Curriculum Accommodations/Modifications

Supplementary Aids & Services:

Accommodations (a):

(Support and Services to help the student access the general curriculum/program and or validly demonstrate learning. Does not fundamentally alter expectations or standards in instructional level, content or performance criteria.)

Modifications (m):

(Specifically designed instruction that changes the general curriculum content or standards and what is expected of the student in order for the student to make effective progress. Does fundamentally alter expectations or standards in instructional level, content or performance criteria.)

No classroom accommodations have been selected for this IEP.

Student Name: _____ DOB: _____ Grade/Level: _____
SASID: _____ IEP Dates From: _____ To: _____
SPEDIS: _____ From: _____ To: _____

Individualized Education Program

Assessment Accommodations

Student Name: _____ DOB: _____ Grade/Level: _____

SASID: _____ IEP Dates From: _____ To: _____

SPEDIS: _____ From: _____ To: _____

Individualized Education Program

Consideration of Special Factors

In the case of a student whose behavior impedes his/her learning or that of others, consider, if appropriate, strategies including positive behavioral interventions, strategies and supports to address that behavior:

None Needed Needed (If Needed, write a behavior plan or goals and objectives)

In the case of a student with limited English proficiency, consider the language needs of the student as these needs relate to the student's IEP:

None Needed Needed (Write specific goals for IEP)

In the case of a student who is blind or visually impaired, provide for instruction in Braille and the use of Braille:

None Needed Needed (Write specific goals for IEP)

Consider the communication needs of the student.

In the case of a student who is deaf or hard of hearing, consider the student's language and communication needs, opportunities for direct communication with peers and professional personnel in the student's language and communication mode, academic level and full range of needs:

None Needed Needed (Write specific goals for IEP)

Whether the student requires specific assistive technology devices and services (beyond what is available to students):

None Needed Needed

Nonparticipation Justification

Explanation of extent, if any, to which the student will not participate with non-disabled students in regular class, extra-curricular and non-academic activities (i.e. art, music, physical education, electives):

Extended School Services

Is this student eligible for extended school services to prevent severe and substantial harm and regression that would have the effect of negating the benefits of such child's regular education program?

No Yes To Be Determined If yes, answer the question below.

Cite evidence that the student meets these eligibility standards.

If needed, goals and services to be addressed during the extended school services will be determined prior to the beginning of the program.

Transportation Services

Does the student require transportation as a result of the disability(ies)?

- No Regular transportation will be provided in the same manner as it would be provided for students without disabilities.
- Yes Specialized transportation will be provided. (Include in Related Services.)

Reasons:

Student Name: _____ DOB: _____ Grade/Level: _____

SASID: _____ IEP Dates From: _____ To: _____

SPEDIS: _____ From: _____ To: _____

Individualized Education Program

Transition Vision and Present Levels of Performance (14-21 or younger, if appropriate)

Student attended IEP Meeting

STUDENT'S VISION STATEMENT (Based on student's preferences, needs and interests)	PRESENT LEVELS OF PERFORMANCE (Based on the student's vision statement)
POST-SECONDARY TRAINING AND LEARNING OPPORTUNITIES:	CURRENT TRAINING AND LEARNING OPPORTUNITIES IN PREPARATION FOR POST-SECONDARY TRAINING:
FUTURE EMPLOYMENT:	CURRENT JOB SKILLS:
FUTURE HOME/INDEPENDENT LIVING:	CURRENT HOME/INDEPENDENT LIVING SKILLS:
FUTURE COMMUNITY PARTICIPATION:	CURRENT COMMUNITY PARTICIPATION:
ADULT SERVICES:	CURRENT ADULT SERVICES:

Student Name: _____ DOB: _____ Grade/Level: _____

SASID: _____ IEP Dates From: _____ To: _____

SPEDIS: _____ From: _____ To: _____

Individualized Education Program

Transition

Statement of Transition Service Needs

(ages 14 - 21, or younger if appropriate)

School Year	Grade Level	Projected Courses to be taken each year.
	9th	
	10th	
	11th	
	12th	
	Ages 18-21	

Total number of credits required by this district for awarding a Regular Education diploma: _____

It is anticipated that this student will:

Graduate with a Regular High School Diploma.

OR/AND

Complete Educational Program or exit by the student's 21st birthday.

Anticipated month and year of graduation/completion of program: _____

Student Name: _____ DOB: _____ Grade/Level: _____

SASID: _____ IEP Dates From: _____ To: _____

SPEDIS: _____ From: _____ To: _____

Individualized Education Program

Transition

Statement of Needed Transition Services (ages 14-21, or younger if appropriate)

Transition Services	Needs and Activities	Begin Date/ End date	Agency(ies) and Responsibilities
Instruction		to	
Community Experiences		to	
Employment		to	
Related Services		to	
Adult Living and Post-School Objectives		to	
Daily Living (if appropriate)		to	
Functional Vocational Assessment (if appropriate)		to	

Individualized Education Program

Student Name: _____

Date _____

IEP Team Members

Name: _____

Role: LEA Representative

Name: _____

Role: Special Education Teacher

Name: _____

Role: Regular Education Teacher

Name: _____

Role: Parent

Name: _____

Role: Parent

Name: _____

Role: Student (if appropriate)

Name: _____

Role: _____

Name: _____

Role: _____

I certify that the goals in the IEP are those recommended by the Team and that the indicated services will be provided.

Signature of LEA Representative: _____ Role: _____

Parent Options / Response

Please indicate your response by checking at least one box and returning a signed copy to the district. (*3)

I accept the IEP as developed

I reject the IEP as developed

I accept the IEP as developed with the following exceptions:

If you disagree with the proposal and wish to resolve the matter by initiating due process proceedings, please reference the DOE website (www.ed.state.nh.us/education/laws/RequestforDueProcessHearing.htm) or ask the district for the appropriate forms.

Your signature indicates that you have received the NH Procedural Safeguards Handbook for Special Education July 2005!(*2)

Parent / Guardian Signature: _____ Date: _____

Student Signature: (18 yrs. of age or older) (*1) _____ Date: _____

As a parent/guardian of the child named above, I give permission for the school district and/or its fiscal agent to disclose information regarding my child's health-related services (date, type of service, and number of units) to state and/or federal MEDICAID agency representatives for the sole purpose of claiming reimbursement for health-related support services prescribed in my child's Individualized Education Program (IEP).

Signature: _____ Date: _____
(Parent or person in parental relationship) (Month-day-year)

*1. Required signature once the student reaches 18 (unless there is a court appointed guardian).

*2. Procedural Safeguards/Parental Rights will be provided to every student on or before his/her 17th birthday to assure that the student understands that these rights will transfer to him/her upon reaching the age of majority (18).

*3. The Parent/Guardian has 14 days to respond regarding approval/rejection of the IEP. The school will implement the IEP after 14 days if a response has not been given, unless this is the initial IEP.