

Student's Name: _____

- Reevaluate your child's continued need for special education and related services. Your permission is requested for the reevaluation. The evaluation procedures we plan to use include the following:
 - A review of existing evaluation data, including evaluations and information provided by you
 - A review of your child's progress toward meeting the measureable annual goals
 - A review of current classroom-based local or state assessments and classroom-based observations
 - A review of age-appropriate transition assessments related to training, education, employment and where appropriate, independent living skills, vocational and transition needs for an IEP in effect when the child turns 16 years old (or younger, if deemed appropriate by the IEP team)
 - Other tests and evaluation procedures that the IEP team and pupil appraisal staff decides are necessary
- Your child will be invited to participate in the IEP Team meeting unless you disagree (if your child is under age of majority 18). We also need your permission to invite the selected representatives of adult transitional services listed below.

You may also bring other person(s) with you to assist in planning the IEP.

The following persons listed below will be invited to attend this meeting:

School System Personnel:

Officially Designated Representative

Regular Education Teacher

Evaluation Representative

Special Education Teacher

Other

Representative Agency

Other

Representative Agency

Excusal Request

We are asking permission to excuse the following persons from the meeting:

(Name and position)

(Name and position)

(Name and position)

(Name and position)

(Name and position)

(Name and position)

This member's area of curriculum or related services **is not** being discussed at the meeting.

- This member's area of curriculum or related services **will be** discussed at the meeting. Included is the member's input to the general student information, academic and functional performance levels and goal(s), amount of services, and any other recommendations for your child.
- Please return the attached sheet to indicate whether you plan to attend the IEP Team meeting as scheduled. If this date, time, or location is not convenient for you, please indicate when you can attend.
Return the attached form within three (3) days.

Student's Name: _____

Please check the appropriate spaces, sign and return to the school within three (3) days to:

Name: _____

School: _____

Pertains to your child:

- I have received a copy of *Louisiana's Educational Rights of Children with Disabilities*. **Note:** Parent(s)/guardian(s) of a child with a disability should receive a copy annually, as well as (1) the first time the child is referred for evaluation; (2) the first time a complaint is filed; (3) whenever a parent asks for a copy.
- I give permission for you to conduct the reevaluation and any additional tests that may be needed.
- I plan to attend the IEP Team meeting at the time and place indicated in the notification letter. I plan to bring _____ additional person(s) with me.
- I am unable to attend the IEP Team meeting at the time and place indicated in the notification letter. The best day and time for me are _____.
- I am unable to attend the IEP Team meeting scheduled, in person, but I would still like to participate by telephone conference. Please call me at (____) _____-_____ at the date and time specified.
- I give permission for you to invite the adult service agency (ies) listed on page 3 because they may be responsible for providing or paying for transition services.
- I give permission for you to excuse the attendance of the IEP participants as noted on page 3.

If you have any special needs, please indicate them here: _____

Parent(s)/Guardian(s) Signature

Date

Student Signature

Date