

St. Bernard Parish School Board
200 East St Bernard Highway
Chalmette, LA 70043
Prior Notice of Proposed Action

05/02

M/M _____

Date _____
School _____
Student _____

You are invited to attend a meeting where the IEP/Pupil Appraisal Team will:

- Discuss the results of the evaluation and document the determination of your child's eligibility for special education services.
- Develop or review an individualized education program (IEP) and determine placement for your child. The development of the IEP will be based on information from a variety of sources including the most recent evaluation, progress reports, and test results. At this meeting, unless you disagree, we will have a draft copy of the instructional plan for the Team to review. In all cases, the IEP Team, of which you will be an equal participant, must review each section of the IEP to assure agreement. Any section can be modified by the Team before the IEP is finalized.
- Discuss at the IEP Team meeting your child's possible eligibility for working toward a Certificate of Achievement (instead of a high school diploma) because:
 - data appear to support your child's participation in alternate assessment, and students participating in this assessment are eligible to work toward a Certificate of Achievement. The decision for participation in alternate assessment will be made with you at the IEP meeting.
 - your child will be participating in the general statewide assessment (LEAP), but may meet the provisional eligibility criteria for working toward a Certificate of Achievement.
- Discuss at the IEP Team meeting your child's possible eligibility for entering the Options (PreGED/Skills) Program. Your child must be 16 years of age and meet eligibility criteria. If successful, your child will receive a Louisiana Equivalency Diploma and/or a Skills Certificate, not a standard Louisiana High School Diploma.
- Consider your child's transitional service needs. Transitional services are designed to promote movement from school to post-school activities including post-secondary education, vocational training, integrated employment (including supported employment), continuing and adult education, adult services, independent living, and community participation. When your child reaches age 14, the IEP will include a statement of transition service needs focused on the child's courses of study. At age 16 (or younger if deemed appropriate), the IEP will include a statement of transitional service needs including a statement of the interagency responsibilities or any needed linkages. The student will be personally invited to participate in the IEP meeting. Selected representatives of adult transition services may also be invited. If you would like to have other persons associated with adult transitional services present, please notify us so that arrangements can be made.
- Consider disciplinary action.

We ask that the student attend the meeting, unless you choose not to have him/her present. The individuals listed below have been invited to attend this meeting and participate as members of the IEP/Pupil Appraisal Team. You may also bring other persons with you to assist in planning your child's educational program.

Officially Designated Representative of School System

Evaluation Representative

Regular Education Teacher

Special Education Teacher

(Name/Position)

(Name/Position)

The meeting has been scheduled for _____ at _____ at _____
(Day/date) (Time) (Location)

Please indicate below whether you plan to attend the meeting as scheduled. If this time is not convenient for you, please indicate when you would be able to attend. Keep one copy and return signed copy within three (3) days to the Special Education Office at the address at the top of the page. The enclosed copy of *Louisiana's Educational Rights of Children with Exceptionalities in Public Schools* explains your rights which are protected under the *Regulations for Implementation of the Children with Exceptionalities Act*.

If you have any questions or concerns, please contact _____ at _____.

- I plan to attend the IEP/Pupil Appraisal Committee meeting at the time and place indicated above.
- I am unable to attend at that time. The best day and time for me is _____.
- I have received a copy of *Louisiana's Educational Rights of Children with Exceptionalities in Public Schools*.

Parent/Guardian Signature: _____ Date: _____