

INVITATION TO MEETING

Student Name _____

Date _____

☐ Sent
☐ Given
☐ Mailed

Dear Parent:

We would like to invite you to attend an Admission, Review, and Dismissal (ARD) Committee meeting to discuss educational programming for you/your child. We encourage you to attend this meeting, as your involvement is an important part of your child's education. (Note: If graduation is being discussed, it is a change of placement and, upon graduation, a student is no longer eligible for services under IDEA and graduation with a regular high school diploma terminates entitlement to the Foundation Schools Program benefits.)

Meeting Date: _____

Meeting Time: _____

Place: _____

Room Number: _____

*** The purpose of the meeting is to:**

- ☐ Discuss, at your request, any educational or related service not proposed below;
- ☐ Initiate special education services if your child meets eligibility criteria;
- ☐ Review your child's program (including results of any new evaluations);
- ☐ Develop and/or review the Individual Education Plan (IEP) for your child;
- ☐ Consider Extended School Year Services;
- ☐ Review the Individual Transition Plan (ITP) and consider transition services.
- ☐ Other: Graduation/Dismissal

Reason(s) action(s) proposed:

*** Option(s) considered before proposing this meeting:**

- ☐ Parent/Teacher conference
- ☐ Continue to rely on previous evaluation/eligibility
- ☐ Continue to rely on current placement/IEP
- ☐ Continue current elements of FAPE
- ☐ Other 1: _____
- ☐ Other 2: _____

*** Why option(s) were rejected:**

*** The following persons have been asked to attend this meeting: (Refer to the Notice Response Form for additional attendee information)**

- | | | |
|--|--|---|
| <input type="checkbox"/> Parent/adult student | <input type="checkbox"/> School Administrator | <input type="checkbox"/> Other 1: _____ |
| <input type="checkbox"/> Special Education representative | <input type="checkbox"/> Vocational Education representative | <input type="checkbox"/> Other 2: _____ |
| <input type="checkbox"/> Instructional representative | <input type="checkbox"/> Counselor | <input type="checkbox"/> Other 3: _____ |
| <input type="checkbox"/> Assessment/Evaluation staff personnel | <input type="checkbox"/> LPAC representative | |
| <input type="checkbox"/> * The district will invite the student to this meeting. | | |

*** The following agencies have been invited to send a representative:** _____

(Note: You are welcome to bring with you any additional individual(s) who, in your judgment, have special knowledge or expertise regarding your child. If you plan to bring others with you, please notify us in advance at the number below.)

*** The following evaluation procedures, tests, records, or reports will be reviewed and discussed:**

- ☐ Full and Individual Evaluation (FIE)¹ (e.g., language, physical, emotional/behavioral, sociological, intellectual, educational performance);
- ☐ School permanent records (e.g., grades, attendance reports, teachers' observations, achievement test scores, discipline reports);
- ☐ Independent evaluation reports;
- ☐ Parent information; and/or
- ☐ Other: _____

**** Other factors relevant to this ARD Committee meeting:** None

The district does not discriminate on the basis of gender, disability, race, color, age or national origin in its education programs, activities, or employment as required by Title IX, Section 504 and Title VI.

The functions of an ARD committee are to determine eligibility, determine needed evaluation data, consider results of new evaluation, consider disciplinary change or placement (including a functional behavior assessment, behavior intervention plan, and a manifestation determination), develop or revise an Individual Education Program (including addressing new information, lack of expected progress or anticipated needs), make a change of placement, and to determine dismissal or graduation. Other concerns or needs may be appropriately addressed through parent/teacher conferences, conferences with the principal or special education coordinator, or through accessing procedures available through Board policy, including the complaint policy.

****** Your rights were explained to you when your child was initially referred for special education assessment. Federal regulations require that parents and adult students be provided a full explanation of all procedural safeguards in your native language or other mode of communication at least once a year. A full explanation of all procedural safeguards is included with this form. Please contact ESC Region VI (936) 435-2153 if you have any questions or need names of other individuals to assist you in understanding this document or your procedural safeguards.

Please KEEP THIS PAGE for your records. RETURN THE ATTACHED PAGE 2 to me. If you have any questions, please call me.

Staff Member _____

Position _____

Phone Number _____

¹ You were previously sent the Notice of Assessment/Evaluation which described the evaluation procedures and tests which will be used to determine your child's educational needs.

* Denotes required items for all ARD meetings.

** Denotes additional required items for an ARD meeting called to discuss initiation of or change in placement, identification, or evaluation.

Medicaid ID#: _____

NOTICE RESPONSE FORM

Please check the appropriate statement(s) below and return:

- ☐ I will attend the meeting on (date): _____ at (time): _____.
- ☐ I am unable to attend the meeting at the suggested time; please contact me at: _____ to reschedule.
- ☐ I will not be able to attend the meeting; please have it without me. I wish to be notified of the results of the meeting.
- ☐ I will not be able to attend the meeting in person, but would like to participate via telephone.
Please contact me at: _____ at the scheduled meeting time.
- ☐ Yes ☐ No I have been informed of the ARD in my native language.
- ☐ Yes ☐ No I have been fully informed and do understand the ARD process and why it is being recommended for my child/me.
- ☐ I waive the required five school day waiting period between NOTICE OF THE ARD COMMITTEE MEETING and the ARD COMMITTEE MEETING.

A member of the IEP Team (as defined by TEA) shall not be required to attend an IEP meeting, in whole or in part, if the parent of a child with a disability and the local education agency agree that the attendance of such member is not necessary because the member's area of the curriculum or related services is not being modified or discussed in the meeting. Additionally, a member of the IEP team may be excused from attending an IEP meeting, in whole or in part, when the meeting involves a modification to or discussion of the member's area of the curriculum or related services, if:

- the parent and local education agency consent to the excusal; AND*
 - the member submits in writing to the parent and the IEP team, input into the development of the IEP prior to the meeting.*
- IDEA 2004: (H.R. 1350)**

The local education agency (LEA) is requesting the following ARD/IEP Committee member(s) be excused:

Committee Member

- ☐ Assessment
- ☐ Instruction
- ☐ Special Education
- ☐ Speech Therapist
- ☐ Other: _____
- ☐ Other: _____

Recommendations Attached

- ☐ Yes ☐ No
- ☐ Yes ☐ No
- ☐ Yes ☐ No
- ☐ Yes ☐ No
- ☐ Yes ☐ No
- ☐ Yes ☐ No

Parent Agreement

- ☐ Yes ☐ No
- ☐ Yes ☐ No
- ☐ Yes ☐ No
- ☐ Yes ☐ No
- ☐ Yes ☐ No
- ☐ Yes ☐ No

If you disagree with a LEA attendee request, please indicate in the "Comments" field below the reason for denying the request.

Comments: _____

Signature of Parent, Guardian, Surrogate Parent or Adult Student

Date

Signature of Interpreter, if used

Date

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