



**Temporary ARD/IEP Meeting
for
Transfer Students**

Parent Signatures Required on the six following areas on the Temp ARD:

- 1) _____ Notification of ARD or Waived their notice with a signature
- 2) _____ Procedural Safeguards receipt
- 3) _____ Signature page
- 4) _____ Home Language Survey
- 5) _____ Consent for Release of Records / Confidential information
- 6) _____ Consent to Test

Transfer Packet:

1. Campus Special Ed teacher sends records request/Consent for release to the student's previous school. After you have done this fax a copy of that consent to the SSA office at 806-435-5015 so we can follow up with the sending school if you do not receive records in a timely manner.

(Although a parent signature is not required by law between educational institutions, we try to get one.)

2. Teacher bundles together and sends to SSA office the following:
 - Temporary ARD Packet (original pages) with all parent signatures (there are six places a parent is required to sign at a temp ARD see above list)
 - _____ Send all the above to the SSA office to Attention of your campus's Diagnostician.
3. _____ Immediately give your PEIMS CLERK a PEIMS SHEET.

Your campus Diagnostician will notify you when we receive records so the folder manager and the Diagnostician can set an ARD date.

Important:

**DO NOT SEND SPECIAL EDUCATION RECORDS FROM YOUR CAMPUS TO OTHER SCHOOLS.
THE SPECIAL EDUCATION SSA OFFICE WILL SEND OUT
ALL SPECIAL EDUCATION RECORDS REQUEST FROM OUR OFFICE.**

**ADMISSION, REVIEW AND DISMISSAL (ARD/IEP) COMMITTEE MEETING
 TEMPORARY PLACEMENT
 OF TRANSFER STUDENT NEW TO THE DISTRICT**

Date _____ Social Security Number _____

Name _____ DOB _____ Age _____ Grade _____
Last First MI

Ethnicity: Hispanic/Latino Not Hispanic/Latino *(Ethnicity and Race / ask your PEIMS Clerk)*

Race: AI/AN Asian B/AA NHPI White

Parent Name _____ Address _____
 (please print)

Contact Numbers _____ Email _____

Y N An interpreter helped conduct the meeting.

If yes, specify language or mode of communication _____

Y N I waive the 5-day written notice requirement prior to implementing services agreed

upon in this ARD, and I understand that this document will serve as my **Prior Written Notice.**

Y N Parent/adult student has waived the five school day Notice of ARD.

Parent Signature _____

The ARD Committee met to recommend that the above named student receive special services on a temporary basis. The parent has stated that the student was in special education at: (the school the student is transferring from)

School District _____ Campus _____

Address/Town/State/Zip Code _____

School's Phone Number _____ Fax Number _____

The student's eligibility in the former district was verified by _____

Information from the parent and the former school indicates that this student's handicapping condition is:

SI LD/(SLD) ID(MR) OHI ED AU AI DB OI TBI MD NCEC

Description of services provided in former school, as described by that district: (Circle all that apply)

Mainstream Resource Room Content Mastery No instructional setting(Speech Only)
 Self-Contained (mild/moderate) Self-Contained severe BAC Unit ISS VAC AEP
 Alternative Program Homebound Off Campus State School for ID/MR Hospital Class
 Homebound for ECI Center-based ECI Multi-District Class (Day Care) Non-public Day School
 Texas School for the Blind Texas School for the Deaf
 Residential Care and Treatment Facility Residential Non-Public School Program Other: _____

Related Services: *(Please circle if the student was receiving this service at their previous school.)*

OT PT School Health Counseling Special Transportation O&M ESY

If Special Transportation is needed. Give justification _____

Schedule:

Instructional Course/Curriculum Area	General Education	Special Education	Accommodations

____ *Former IEP temporarily accepted*

____ *An interim placement has been developed*

Determination of Placement:

The ARD Committee determined that the student's placement will be:

Name of Campus _____ School District PISD SISD BISD FISD DISD
circle one

Additional ARD Committee recommendations if any: _____

This placement is made on a temporary basis. Within 30 school days of this meeting, the ARD Committee will reconvene to review any additional information received from the former district as well as any new assessment performed in the interim.

___ Y ___ N ___ *Initials* Your rights were explained to you when you received the current copy of the Procedural Safeguards.

___ Y ___ N ___ *Initials* Parents were given a copy of the Guide to ARD Process because they did not receive one in their previous district.

Please fax a copy of the Consent to Release Information to the previous school district as well as the SSA.

Signatures	Position	Agree	Disagree
	Parent		
	Special Education Teacher		
	General Education Teacher		
	Administrator		

ASSURANCES

____ The IEP committee assures that the student is being educated with students his/her age who do not have disabilities to the maximum extent appropriate to his/her overall educational needs (including academic and developmental areas such as language and socialization).

____ The committee assures that all instruction and related services specified in the IEP will be provided to the student at no cost. Fees normally charged to students without disabilities or their parents as part of the general education program may be charged (i.e., art or laboratory fees).

____ The district assures that each teacher who provides instruction to a student with disabilities will receive relevant sections of the student's current IEP and that each teacher will be informed of specific responsibilities related to implementing the IEP, such as goals and benchmarks, and of needed accommodations, modifications, and/or supports for the child.

These signatures indicate the participation of the individual members of the IEP committee. A copy of this form will be given to the student's parents and any team member or staff person who is directly involved in the student's Individual Education Program.

Signature	Position	Agree	Disagree
	Parent/Adult Student*		
	LEA/LPAC Representative		
	General Education		
	Special Education		
	Assessment		
	LPAC		
	Interpreter		

I participated in the following sections of the IEP meeting: Student Signature (if applicable) _____

- ____ review of evaluation
- ____ determination of eligibility
- ____ PLAAFP
- ____ graduation
- ____ LRE
- ____ ESY
- ____ NA due to age of student and/or Level of functioning
- ____ review/develop annual goals
- ____ schedule of services

____ Parent or adult student agrees to waive the 5 school day written notice requirement prior to implementing services agreed upon in this IEP meeting. YES NO

If the prior written notice requirement has not been waived, the IEP will remain in effect for at least 5 school days.

____ All members are in agreement

____ Parent or guardian received explanation and instruction to TEA's "Texas Transition Guide"
web page: transitionintexas.org/page/143

____ **The members of this IEP committee have not reached mutual agreement** The school offered and the parent agreed to a recess of not more than 10 school days. During the recess the members shall consider alternatives, gather additional data, and/or obtain additional resource persons to enable them to reach mutual agreement. This recess does not apply if the student presents a danger of physical harm to himself or herself or others, or if the student has committed an expellable offense, or an offense which may lead to a placement in an alternative education program (AEP). The committee will reconvene as stated above.

Date _____ Time _____ Location _____

If mutual agreement is not reached, a statement of the basis of the disagreement shall be included in the IEP. The members who disagree shall be offered the opportunity to write their own statements.

*We understand that we may revoke special education services upon written request.

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. Please contact the Director of Special Education if you have any further questions or need names of other individuals to assist you in understanding this document.

____ **SHARS Annual Notification:** If your child is Medicaid eligible the district assures that you the parent will not incur out-of-pocket expenses for your student to receive any of these services. You the parent will not be required to sign up for public benefits in order for your child to receive any of these services. The districts' participation in the SHARS Program does not preclude your child from receiving similar or additional services by parent choice under another Medicaid Program or provider in the private sector. You the parent, have the right to revoke consent at any time and the district must still provide the services indicated in your child's IEP at no charge to you.

REQUEST FOR SPECIAL EDUCATION RECORDS

Student: _____

Please print

Current Campus: _____ Grade: _____

Records to be released/disclosed:

FIE, ARD, IEP, Speech, ITP, BIP, FBA, Vocational Testing, Psychological, Medical, or any other outside agency's assessment relevant to an educational need for this student. (OT, PT, O&M etc.)

Please email records to : dboucher@perrytonisd.com

Please send records to the attention of : _____ phone _____

(Teacher requesting records)

If you need to contact our office:

Mary Nine, Director

Perryton Special Education, SSA

PO Box 1048

Perryton, TX 79070 ph 806-435-4412

Circle one:

Yes No I have been fully informed in my native language or other mode of communication and understand the school's request for my consent. He sido tatalmete informado en mi idioma Nativo u otro modo de comunicaci3n y entiendo el pedido del consentimiento de la escuela como se describe arriba. Esta informaci3n va a ser fivulgada tras el recibo de mi consentimiento escrito.

Yes No I understand that my consent is voluntary and may e revoked anytime. However, understand that revocation is not retroactive (i.e. It does not negate an action that has occurred after the consent was given and before the conser was revoked) Entiedo que mi consetimiento es voluntario y puede ser retirado en cualquier momento, Por lo tanto, entiendo que la revocaci3n no es retroactiva. (I,E, no niega una acci3n que ha ocurrido despues que el consentimiento fu3 dado y antes que el consentimiento fu3 retirado.

Yes No I give my permission for the identified records to be released/disclosed to the above named person/agency. Doy mi permiso para que el expediente sea publicado/divulgado para la persona(s) / agencia(s) nombradas anteriormente.

Your rights were explained to you when your child was initially referred for special education assessment. Federal regulations required that parents and adult students be provided a full explanation of all procedural safeguards in your native language or other mode of communication each time the district proposes or refuses to initiate or change the identification, evaluation, or educational placement of your child or the provision of a free appropriate public education (FAPE) to your child. A full explanation of all procedural safeguards is included with this form. If you have questions, please call the Perryton Special Education, SSA office at 806-43-4412. Sel ha dado a usted una explicaci3n de sus derechos cuando usted o su ni1o fu3 remitido por primera vez para una evaluaci3n para educaci3n especial. Los reglametos federales requieren que sel les d3 a los padres y a los estudianted adultos una explicaci3n completa de today las garantias procesales (sus derechos) en su lengua native o por otro medio de comunicaci3n, cada vez que el distrito propone o se niega a iniciar o cambiar la identificaci3n, evaluaci3n o colocaci3n educaci3nal de usted o de s1 ni1o o a proporciaonario una educaci3n gratua, adecuada y publica. Se adjunta a este formulario un ejemplar de las Garantias procesales (sus derechos).

Signature of parent, guardian, surrogate parent or adult student
Firma del Padre, Guardi3n, Padre subsituto, o Estudiante Adultto

Date (fecha)

We are requesting records from:

school: _____

agency: _____

Other: _____

Signature of interpreter (if applicable)

Date (fecha)

Phone number of the school you are coming from: _____

NOTICE: As stated in the Family Educational Rights and Privacy Act, consent from the parent/guardian is not required for the release of records to officials of other schools or school systems in which the student seeks or intends to enroll, upon condition that the student's parent/guardian is aware of the transfer.

CONFIDENTIAL



PEIMS 2018-19

_____ **ARD Date**
 _____ **Start Date of Service** (as a result of ARD)
 _____ **Special Ed Withdrawal** (Date left District)
 _____ **Special Ed Dismissal date** (dismissal from Sp Ed)

Student Name _____ Teacher Name _____

NOTE TO TEACHER - You must generate a PEIMS sheet for ALL ARDS. EVEN IF NOTHING CHANGES. (FAILURE/BRIEF, TEMPORARY, OR ANNUAL ARD) GIVE PEIMS SHEET IMMEDIATELY TO CAMPUS PEIMS' CLERK.
 Please address each box. (Make sure there is a mark in each box. Even if it is N/A)
 Please circle or check one choice in each box below.

SEX M male (3) Child Count
 F female Idea - B

Grade (CO50)
 ECI Early Childhood Intervention
 EE Early Education/PPCD
 PK Pre-Kindergarten
 KG Kindergarten
 HS Head Start
 ___ Grade Assigned
 ___ Enrolled but not in membership

Handicapping Conditions

01 OI
 02 OHI
 03 AI
 04 VI
 05 DB
 06 ID
 07 ED
 08 SLD
 09 SI
 10 AU
 12 DD
 13 TBI
 14 NCEC

HIGH SCHOOLS ONLY:
 ___ Not Applicable for this child

Graduation Code
 Please select all PEIMS Coding from the Graduation Code handout.

Instructional Setting (CO 35)

00 No Instructional Setting (Speech Therapy Only)
 01 Homebound
 02 Hospital Class
 08 Vocational Adjustment Class (High School only – Has a job)
 30 State School for Persons with Mental Retardation
 31 Home-based Instruction
 32 Center-based Instruction
 34 Other environment
 40 Mainstream (All Reg. Ed classes with modifications which may include ie: CMC as a modification)
 41 Resource Room/Service – Less than 21%
 42 Resource Room/Service – At least 21% and less than 50%
 43 Self-Contained, Mild/Moderate/Severe, Reg. Campus – At least 50%, and no more than 60%
 44 Self-Contained, Mild/Moderate/Severe, Reg. Campus – More than 60%
 45 Full –Time Early Childhood Special Education Setting
 50 Residential Non-public School Program
 60 Non-public Day School
 70 Texas School for the Blind and Visually Impaired
 71 Texas School for the Deaf
 81 Residential Care & Treatment Fac. – Mainstream
 82 Residential Care & Treatment Fac. – Resource Rm/Service Less than 21%
 83 Residential Care & Treatment Fac. – Resource Rm/Service at least 21% and less than 50%
 84 Residential Care & Treatment Fac. – Self Contained, Mild/Mod/Severe, Reg. Campus – At least 50% and No More than 60%
 85 Residential Care & Treatment Fac. - Self Contained Mild/Mod/Sever- More than 90%
 86 Residential Care & Treatment Fac. –Separate Campus
 87 Residential Care & Treatment Fac. - Community Class
 88 Residential Care & Treatment Fac. –Vocational Adjustment Class/Program
 89 Residential Care & Treatment Fac. – Full-Time Early Childhood Special Education Setting
 91 Off Home Campus – Mainstream
 92 Off Home Campus – Resource Rm/Service – Less than 21%
 93 Off Home Campus – Resource Rm/Service – At least 21% and Less than 50%
 94 Off Home Campus – Self-Contained, Mild/Mod/Sever, Reg. Campus at least 50% and No more than 60%
 95 Off Home Campus – Self-Contained, Mild/Mod/Sever,
 97 Off Home Campus –Community Class
 98 Off Home Campus – Full-Time Early Childhood Special Education Setting

Please check here if this student has been ARD'd to the Alternative Campus due to Discipline issues:
 ___ This Student has been ARD'd to DAEP (Discipline AEP)

*There is a new code 41 Discipline Action Reason Code table: Fighting/Mutual Combat; use this code for fighting incidents that are not related to any offense listed in Chapter 37.

Related Services

___ Not Applicable for this child	___ Special Transportation	___ Interpreting SVCS
___ Counseling	___ School Health Services	___ Other
___ OT	___ Vision Services	
___ PT	___ Social Work Services	
___ O/M	___ Psychological Services	
___ ESY (Extended School Year)	___ Audiological Services	
___ Assistive Tech	___ Recreational Therapy	

**Student Support Team SST
Home Language Survey
PO Box 1048
Perryton, TX 79070
TEXAS EDUCATION AGENCY
DIVISION OF BILINGUAL EDUCATION
HOME LANGUAGE SURVEY**

GRADE K – 12

Name of Student _____

Campus _____ Grade _____

To be filled in by parent or guardian:

1. What language is spoken in your home most of the time? _____
2. What language does your child speak most of the time? _____

Signature of Parent or guardian

date

**Equipo SST de la ayuda del estudiante
Encuesta sobre casera la lengua
Caja 1048 del PO
Perryton, TX 79070
AGENCIA DE LA EDUCACIÓN DE TEJAS
DIVISIÓN DE LA EDUCACIÓN BILINGÜE
ENCUESTA SOBRE CASERA LA LENGUA**

GRADO K - 12

Nombre del _____ del estudiante

_____ Grade _____ del campus

Ser completado por el padre o el guarda:

1. ¿Qué lengua se habla en su hogar la mayor parte del tiempo? _____
2. ¿Qué lengua su niño habla la mayor parte del tiempo? _____

Firma del padre o del guarda

fecha

Perryton Special Education, SSA
P.O. Box 1048
402 S. Amherst
Perryton, TX 79070

(806) 435-4412
(806) 435-5015 fax

Student's Name: _____ DOB: _____ ID: _____

DOCUMENTATION OF NEED FOR INTERPRETER IN NATIVE LANGUAGE

My native language is _____. I am also fluent in reading and communicating in English.

Please read and check the following statements:

_____ I am aware that I have the right to an interpreter in my native language for reading and explaining ARD Notices, Procedural Safeguards, and any other paperwork from the Special Education Department.

_____ I am aware that I have the right to an interpreter in my native language to interpret communication at the ARD meeting.

Signature of Parent/Guardian/Adult Student

Date

Please read and check one of the statements:

_____ I would prefer to have an interpreter in my native language for all communication with the Special Education Department.

_____ I would prefer to have all communication, written and oral, with the Special Education Department be provided in English without an interpreter of my native language.

Signature of Parent/Guardian/Adult Student

Date

PERRYTON SPECIAL EDUCATION, SSA
PO BOX 1048
PERRYTON, TX 79070

ADMISSION, REVIEW, and DISMISSAL NOTICE

We would like to invite you to attend an Admission, Review and Dismissal ARD Committee Meeting to discuss educational programming for your child. *Discretion of parents and public agency to bring other individuals(300.344(a)(6) and 300.344(e): The IEP team shall include "at the parents or the agency's request" other individuals who have knowledge or special expertise regarding the child, including related services personnel, as appropriate.

Student _____ *Date _____ *Time of ARD _____ Meeting place _____

The Purpose of the Meeting And Reason(s) Proposed:

- 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 Educational Plan for your child
- Consider extended year services at annual ARD
- Discuss transition services for students age 14 and up
- Review failure ARD
- Other factors relevant to the district's proposal describe if applicable:

- Referral and/or evaluation information (including re-evaluation) is to be reviewed
 - Student's progress indicates a need for consideration of change of placement
 - Annual review is required for all special education students
 - Students behavior indicates a need to review discipline options
- The committee will also discuss at your request an educational or related service not proposed above.

Change of placement due to graduation Discuss assessment for 3 year Re-Evaluation

Options to having an ARD Meeting that were considered and why those options were rejected:

Options Considered:

- Parent/Teacher conference
- Continue to rely on previous evaluation/eligibility
- Continue current placement/IEP
- Continue current elements of FAPE
- Student Support Team /504

Why Rejected:

- Initial evaluation/Re-evaluation completed
- Parent requested ARD
- Proposed change of IEP and/or placement
- Proposed dismissal or graduation
- A new evaluation was proposed
- None rejected

*THE FOLLOWING PERSONS HAVE BEEN ASKED TO ATTEND THIS MEETING:

- Parent Student
- Special Education Representative
- Instructional Representative
- Assessment Personnel
- School Administrator/Designee
- Vocational Representative
- LPAC Representative
- Other: _____

TRANSITION SERVICES

The purpose of this meeting is to review the individual transition and other post secondary needs and consider transition services in accordance with 19TAC

89.1110 and 34 CFR 300.346(b)(1.2).

The district will invite the student to this meeting (8th grade and above).

The following agencies have been invited to send a representative to this meeting:

- DARS
- Texas TPMHMR
- Workforce Solutions
- Other: _____

*THE FOLLOWING EVALUATION PROCEDURES, TEST RECORDS OR REPORTS WILL BE REVIEWED AND DISCUSSED:

- FIE (language, physical, emotional/behavioral, sociological, intellectual, educational performance)
- School records (grades, teacher observation, achievement test, discipline reports)
- Independent evaluation reports
- Parent information
- Vocational evaluation
- Transition planning
- Other factors relevant to the provision of any other educational or related service not proposed by the district
- Other:

*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 each time the district proposes or refuses to initiate or change the identification, evaluation, or educational placement of your child or the provision of a free appropriate public education (FAPE) to your child. A full explanation of all procedural safeguards is included with this form. If you have questions, please call the Director of Special Education at 806-434-4412 or PATH (940-767-3906)

Procedural Safeguards sent to _____ by _____ date _____

PLEASE RETURN THE BOTTOM PORTION OF THIS FORM TO: _____ at _____

Regarding this STUDENT _____ SCHOOL _____

Please check appropriate statement(s) below and return.

- I will attend the meeting
- I would like to attend the meeting, but cannot at the time suggested, please call me to reschedule at # _____
- I will not be able to attend the meeting; please have it without me. I wish to be notified of the meeting.
- I will not be able to attend the meeting in person, but would like to participate via telephone. Please call me at # _____ at the scheduled meeting time.
- I waive the required five school day waiting period between notice of ARD committee and the ARD committee meeting.

Comments:

Signature of parent or guardian, surrogate parent, or adult student _____ Date _____

Signature of interpreter if used date _____ Date _____

You were previously sent the Notice of FIE assessment which described the evaluation procedures and test which would be used to determine your child's educational needs.

*Denotes required items for all ARD meetings

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

PERRYTON SPECIAL EDUCATION, SSA
PO BOX 1048
PERRYTON, TX 79070

AVISO DE ADMISION, REVISION Y DESPEDIDA (ARD) JUNTA DEL COMITE

Los invitamos a asistir una junta del Comité de Admisión, Revisión y Despedida (ARD) para discutir un programa educativo para su hijo/a. *Discreción de padres y la agencia pública de traer a otros individuales (300.344(a)(6) y 300.344(e): El equipo IEP deberá incluir "a la petición de los padres o agencia" otros individuales que tienen conocimiento especial con respecto al niño/a, incluyendo personal de servicios relacionados, según sea apropiado.

Estudiante _____ *Fecha _____ *Hora _____ Lugar _____

El Propósito de la Junta Y Razón(es) Propuesta:

- Discutir, a su petición, cualquier servicio educacional o relacionado no propuesto abajo
- Iniciar servicios de educación especial si su hijo/a cumple con los criterios de elegibilidad
- Revisar el programa de su hijo/a (incluyendo resultados de cualquier evaluación)
- Desarrollar y/o revisar el Plan Educativo Individual para su hijo/a
- Considerar servicios extendidos en la junta anual ARD
- Discutir servicios de transición para estudiantes de 14 años o más
- Revisar fracasos de ARD
- Otros factores relevantes a la propuesta del distrito descrito si aplicable:

- Información de remisión y/o evaluación (incluyendo re-evaluación) será revisado
 - El progreso del estudiante indica la necesidad de considera el cambio de colocación
 - Revisión anual es requerida para todos los estudiantes de educación especial
 - Comportamiento del estudiante indica una necesidad de revisar opciones de disciplina
- El comité también discutirá a su petición servicios educacionales o relacionados no propuestos arriba.

Cambio de colocación debido a graduación Discutir valoración para la Re-Evaluación de 3 años

Opciones que fueron consideradas para una junta de ARD y porque esas opciones fueron rechazadas:

Opciones Consideradas:

- Conferencia de Padre/Maestro
- Continuar dependiendo de evaluación/elegibilidad previas
- Continuar colocación actual/IEP
- Continuar elementos actuales de FAPE
- Equipo de Apoyo para Estudiantes/504

Porque fue Rechazado:

- Evaluación/Re-evaluación inicial completa
- Padres pidieron ARD
- Propuesta de cambio de IEP y/o colocación
- Propuesta de despedida o graduación
- Una nueva evaluación fue propuesta
- Ninguna fue rechazad

*LAS SIGUIENTES PERSONAS HAN SIDO INVITADOS ASISITIR ESTA JUNTA:

- Padre Estudiante
- Representante de Educación Especial
- Representante de Instrucción
- Personal de Valoración
- Administradores de Escuela/Designado
- Representante Profesional
- LPAC Representante
- Otro: _____

SERVICIOS DE TRANSICION

El propósito de esta junta es para revisar la transición individual y otras necesidades secundaria y considera servicios de transición en acuerdo con 19TAC 89.1110 y 34 CFR300.346(b)(1.2).

El distrito invitara al estudiante a esta junta (8º grado y arriba).

Las siguientes agencias han sido invitadas a mandar un representante a esta junta:

- DARS
- Texas TPMHMR
- Workforce Solutions
- Otro: _____

*LOS SIGUIENTES PROCEDIMIENTOS DE EVALUACION, REPORTES DE PRUBAS O REPORTS SERAN REVISADOS Y DISCUTIDOS:

- FIE (lenguaje, físico, emocional/comportamiento, sociológico, intelectual, desempeño educacional)
- Records de escuela (grados, observaciones de maestras, logros de pruebas, reportes de disciplina)
- Reportes de evaluación independiente
- Información de Padres
- Evaluación Profesional
- Plan de Transición
- Otros factores relevantes para la provisión de cualquier otro servicio educacional o relacionado no propuesto por el distrito
- Otros:

**Sus derechos fueron explicados cuando su hijo/a fue inicialmente referido para valoración de educación especial. Regulaciones federales requieren que padres y estudiantes adultos sean proporcionados una completa explicación de todos los procedimientos en su lenguaje natal o otro modo de comunicación cada vez que el distrito proponga o rechace a iniciar o cambiar la identificación, evaluación, o colocación educacional de su hijo/a o la provisión de una educación pública gratis (FAPE) para su hijo/a. Una explicación detallada de todos los procedimientos está incluida con esta forma. Si tiene preguntas , por favor llame al Director de Educación Especial al 806-434-4412 o PATH (940-767-3906)

Procedimientos fueron mandados a _____ por _____ fecha _____

POR FAVOR REGRESE LA PORCION DE ABAJO DE ESTA FORMA A: _____ A _____

Con respecto al ESTUDIANTE _____ ESCUELA _____

Por favor marque la declaración apropiada(s) abajo y regrese.

- Si asistiré a la junta
- Me gustaría asistir a la junta, pero no puedo a la hora fijada, por favor llame para fijar una nueva hora al # _____
- No podre asistir a la junta; por favor tenga la junta sin mí. Deseo ser notificada de la junta.
- No podre asistir a la junta en persona, pero me gustaría participar via teléfono. Por favor llame me al # _____ a la hora fija para la junta.
- Yo cedo los cinco días de espera requeridos entre la notificación del comité de ARD y la junta del comité de ARD.

Comentarios:

Firma de padre o guardián, padre sustituto, o estudiante adulto _____ Fecha _____

Firma del interpretador si usado _____ Fecha _____

Previamente se le fue enviado la Notificación de valoración FIE la cual describe los procedimientos de evaluación y pruebas que serán usadas para determinar las necesidades educacionales de su hijo/a.

*Denotes requiere artículos para todas las juntas ARD

** Denotes requiere artículos adicionales para juntas ARD llamadas para discutir la iniciación de o cambios de colocación, identificación, o evaluación.



Receipt for Explanation of Rights and Procedural Safeguards
 As required by the Individuals with Disabilities Education Act (IDEA) 34 Code of Federal Regulations – Part 300
 And
 A GUIDE TO THE ADMISSION, REVIEW AND DISMISSAL PROCESS

Name _____ DOB _____

Note: Each time the Explanation of Rights and Procedural Safeguards and the GUIDE TO THE ADMISSION, REVIEW AND DISMISSAL PROCESS is distributed receipt must be documented.

This is to verify that I have received a copy of the Receipt for Explanation of Rights and Procedural Safeguards and A GUIDE TO THE ADMISSION, REVIEW AND DISMISSAL PROCESS which informs me of my rights throughout the child/student-centered educational process. The procedural safeguards have been explained to me by (name/ position/date entered in the following section):

- ◆ This and all other notices in the language I understand (primary language) or, if needed, a translation of such orally, in sign language, or in Braille as appropriate, and
- ◆ Answers from school personnel to additional questions that I may have. My signature below indicates that I initially received a copy of the Explanation of Rights and Procedural Safeguards on the date specified and that I understand its contents.

Complete this section for initial distribution only.

_____ Name	_____ (Signature of Parent/Guardian/ Surrogate Parent / Adult Student)
_____ Position	_____ Date Signed
_____ Date Issued	_____ Signature of Interpreter if Used
_____ Name of Student's Current Campus	_____ Date Signed



Recibo de la descripción de garantías Procesales
 Contiene i be regulados de la ley Education sobre individuos con incapacidades 34 codgo de Reglamentos Federales Parts 300
 y
 Guía para el Proceso de Admisión, Revisión y Retiro

Name _____ Fecha _____

Notice: Cada vez que se entregue un ejemplar de la Descripción de garantías procesales, se debe documentar la entrega.

He recibido un ejemplar de la descripción de garantías procesales que me informa de mis derechos a través del proceso de educación centrado en el niño / estudiantes. Las garantías procesales me han sido explicadas por las personas cuyo nombre Agurs en la sección a continuación:

Comprendo que mis derechos incluyen el derecho a recibir:

- ◆ A las y todas las notificaciones en un lenguaje que yo comprendo (o sea en mi idioma principal). O si es necesario, una traducción oral de los mismos, o que me les comuniquen por señas o por braille, y
- ◆ Respuestas del personal de la escuela a otras preguntas que pueda tener. Mi firma más adelante significa que recibí por primera vez un ejemplar inicial de la descripción de garantías procesales en la fecha indicada y que comprendo su contenido.

Reddress esta sección solo en el momento de la primera entrega.

_____ Nombre	_____ Firma del padre / tutor/ padre sustituto/ educando adulto
_____ Puesto	_____ Fecha en que limo
_____ Fecha de	_____ Firma del interprete, al so usar los servicios de uno
_____ Nombre de la campus actual del estudiante	_____ Fecha en que arno