

PARENTAL GIFTED NOTIFICATION LETTERS
PRIOR WRITTEN NOTICE
LINCOLN PREPARATORY SCHOOL

Date: _____

Contact Name: _____

School: Lincoln Preparatory

Telephone: 318-274-6153

To: _____

To the Parent(s)/Guardian(s): _____

Student

Parents of a child with an exceptionality have legal rights, called procedural safeguards, which are part of the *Regulations for Implementation of the Children with Exceptionalities Act*. The procedural safeguards are found in the enclosed copy of *Louisiana's Educational Rights of Gifted/Talented Children in Public Schools*.

If you are a person with a disability or speak another language these rights can be given to you in a different format or language (e.g., Larger print, Braille, on CD, DVD or tape, or translated into another language). It is important that families be fully informed so that they can participate equally in making decisions about their child's special education.

The following arrangements have been made for the meeting:

Date: _____

Time: _____

Location: Lincoln Preparatory School

This letter of notification is for you to attend a meeting to:

- Discuss the results of the evaluation and documentation of the determination of eligibility.
- Develop, review, or amend an individualized education program (IEP) and to determine placement (i.e., services and support, not the building or classroom) for your child. The development of the IEP will be based on information from a variety of sources, including the strengths of the child, the concerns of the parents for enhancing the education of their child, the results of the initial or most recent evaluation of the child, the academic, developmental, and functional needs of the child, and any other special factors. At this meeting we will have a draft copy of the IEP 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 of the IEP can be revised by the Team before the IEP is finalized.
- Your child will be invited to participate in the IEP Team meeting unless you disagree (if your child is under age of majority 18).

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

Other

Other

Other

Student's Name: _____

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), of services, and any other recommendations for your child.

Please return this 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 form within three (3) days.**

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

Name: _____

School: Lincoln Preparatory School

Pertains to your child:

- I have received a copy of *Louisiana's Educational Rights of Gifted/Talented Children in Public Schools*.
Note: Parent(s)/guardian(s) of a child with an exceptionality 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.
- I have received a copy of the evaluation report and documentation of the determination of eligibility.
- 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 time specified.
- 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