

**Lincoln Preparatory School**  
**SPECIAL EDUCATION**  
**407 Central Ave**  
**Grambling, Louisiana 71245**  
**PARENTAL NOTIFICATION LETTERS**  
**PRIOR WRITTEN NOTICE**

Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_

School: Lincoln Prep

Telephone No.: 318-274-6153

To: \_\_\_\_\_

To the Parent(s)/Guardian(s) of \_\_\_\_\_:

Parents of a child with a disability 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 Children with Disabilities*.

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). The Individuals with Disabilities Education Act recognizes that it is important that families be fully informed so that they can participate equally in making decisions about their child's special education.

Please provide your e-mail address if you choose to receive your notification letter by electronic mail.

E-mail address: \_\_\_\_\_ Initials: \_\_\_\_\_

The following arrangements have been made for the meeting:

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Location: Lincoln Preparatory Building

At this meeting we will:

- Discuss the results of the evaluation and participate in the determination of eligibility.
- Develop, review, or amend an individualized education program (IEP) 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.

- Consider your child's transitional services 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, or community participation.

Beginning not later than the first IEP to be in effect when the child turns 16, (or younger if deemed appropriate by the IEP team), and updated annually, thereafter, the IEP will include a statement of transitional service needs including a statement of the interagency responsibilities or any needed linkages.

- At the IEP Team meeting, discuss your child's possible eligibility for working toward a Certificate of Achievement (instead of a high school diploma) because the latest information appears to support your child's participation in one of the alternate assessments. Students participating in an alternate assessment are working towards a Certificate of Achievement and not the standard Louisiana High School Diploma. The decision for participation in alternate assessment will be made with you at the IEP meeting.
- 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 or turn 16 during the year he/she is to enroll in the program and meet eligibility criteria. In the Options Program, your child will be working toward a Louisiana Equivalency Diploma and/or a Skills Certificate, and not the standard Louisiana High School Diploma.
- Consider disciplinary action.
- 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 on the next page.

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:

Bobby Jordan  
Officially Designated Representative

Fanese Cowan  
Special Education Supervisor

\_\_\_\_\_  
Regular Education Teacher

\_\_\_\_\_  
Regular Education Teacher

\_\_\_\_\_  
Regular Education Teacher

\_\_\_\_\_  
Special Education Teacher

\_\_\_\_\_  
School Counselor

**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.**

**Please check the appropriate spaces (NA indicates that this is not applicable at the present time), sign, and return to the school within three (3) days to:**

Name: \_\_\_\_\_

School: Lincoln Preparatory School

- 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 plan to attend the meeting to discuss the evaluation results 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 meeting to discuss the evaluation results at the time and place indicated in the notification letter.  
The best day and time for me are \_\_\_\_\_
- I am unable to attend the meeting to discuss the evaluation results 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 conduct the **re-evaluation** 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.
- I revoke my consent** for special education and related services to be provided to my child.

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

\_\_\_\_\_  
**Parent(s) / Guardian(s) Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Student Signature (18 years or older)**

\_\_\_\_\_  
**Date**