Notices for Parents/Guardians

February 2019
Welcome!

Introduction

Norms for today’s session:
• Be present and think about how you will share what you learned today with other families.
• Hold your personal matters until the end of this session in order for our team members to assist you.
Required Notices and Consents

• The law requires that school districts provide Parents/Guardians with certain forms:
  – Notices: Making Parents/Guardians aware of a decision, meeting, etc.
    • Notices may be provided in Parents/Guardians native language
  – Consents: Allowing Parents/Guardians to agree or disagree with what the District is proposing.
Parent/Guardian Notification of Decision Regarding Request for Evaluation

- Notifies you as the Parent/Guardian, and the person who requested the evaluation (if it was not you), whether or not the evaluation is considered necessary at this time. The reason for the decision must be explained in this notice.

- The school must provide this notice to you within 14 school days of when they received the request for evaluation.

- Information listed on this form:
  a. When the request was made;
  b. The reason for the request; and
  c. District’s response to the request.

- If you, Parent/Guardian, disagree with this decision, you have the right to submit another request for evaluation at any time. Parent/Guardian also has the right to move forward with the legal options outlined in the procedural safeguards.
Sample Parent/Guardian Notification of Decision Regarding a Request for Evaluation

Initial Evaluation is Appropriate:

Chicago Public Schools
Parent/Guardian Notification of Decision Regarding a Request for an Evaluation

Date: 01/18/2019
Student Name: John Doe
Student's School: Disney II Magnet High School

Dear Jane Doe,
A request for a special education evaluation was made for your child on 02/01/2019 by you for the following reasons:
Academic and behavior concerns
A review of the request has determined that an initial evaluation is appropriate at this time.

Since an evaluation was deemed appropriate or a reevaluation is necessary to determine if your child continues to be a child with a disability, the process will begin upon the receipt of your written informed consent from the parent/guardian. You and your child have rights and protections under the procedural safeguards and may wish to review your attached copy of the Explanation of Procedural Safeguards regarding the district’s decision. To discuss any concerns or, if you have any questions regarding this decision, please contact Sarah Moon-Sarudi, Case Manager, at 773-553-1800.

Sincerely,

Signature
Sarah Moon-Sarudi
Case manager

Initial Evaluation is Not Appropriate:

Chicago Public Schools
Parent/Guardian Notification of Decision Regarding a Request for an Evaluation

Date: 01/18/2019
Student Name: John Doe
Student’s School: Disney II Magnet High School

Dear Jane Doe,
A request for a special education evaluation was made for your child on 02/01/2019 by you for the following reasons:
Academic concerns
A review of the request has determined that an initial evaluation is not appropriate at this time.

You and your child have rights and protections under the procedural safeguards and may wish to review your attached copy of the Explanation of Procedural Safeguards regarding the district’s decision. To discuss any concerns or, if you have any questions regarding this decision, please contact Sarah Moon-Sarudi, Case Manager, at 773-553-1800.

Sincerely,

Signature
Sarah Moon-Sarudi
Case manager
Parent/Guardian Consent for Evaluation

Identification of Needed Assessments

- This form must be used to document any evaluations recommended by the District and to obtain initial consent for an evaluation.
- Parents are equal team members in this process. The parent can suggest any areas they believe should be assessed.
- The Parent/Guardian should provide a copy of any data/reports/evaluations that they have, which apply. These can be included on the form and considered by the evaluation team.
- At a minimum, the column for “Sources from Which Data will be Obtained” should include the title of the individual who will obtain the data.
Parent/Guardian Consent for Initial Evaluation

Consent For Initial Evaluation

Date: 10/01/2018
Student Id: TEST
Student Name: John Doe
School Name: Citywide Specialized Schools and Services
Birth Date: 07/12/2001

Dear Jane Doe,

Each school district shall ensure that a full and individual evaluation is conducted for each child being considered for special education and related services. The purpose of an evaluation is to determine:

- Whether the child has one or more disabilities;
- The present levels of academic achievement and functional performance of the child;
- Whether the disability adversely affects the child’s education; and
- Whether the child needs special education and related services.

An evaluation considers domains (areas related to the suspected disability) that may be relevant to the educational problems experienced by the individual child under consideration. The nature and intensity of the evaluation, including which domains will be addressed, will vary depending on the needs of your child and the type of existing information already available. The IEP Team, of which you are a member, determines the specific assessments needed to evaluate the individual needs of your child. Within 60 school days from the date of parent/guardian consent, a conference will be scheduled with you to discuss the findings and determine eligibility for special education and related services.

PARENT/GUARDIAN CONSENT FOR INITIAL EVALUATION

I understand the school district must have my consent for the initial evaluation. If I refuse consent for an initial evaluation, the school district may, but is not required to, pursue override procedures through due process. If the school district chooses not to pursue such procedures, the school district is not in violation of the required evaluation procedures. I understand my rights as explained to me and contained in the Explanation of Procedural Safeguards. I understand the scope of the evaluation as described on page 2 of this form.

☐ I give consent ☐ I do not give consent to collect and/or review the evaluation data as described on page 2 of this form.

Signature of Parent/Guardian: __________________________ Date: __________________________

If you have any questions, please contact
# Parent/Guardian Consent for Evaluation

## Identification of Needed Assessments

<table>
<thead>
<tr>
<th>Student Name: John Doe</th>
<th>Student ID: TEST</th>
<th>Date:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Domain</th>
<th>Relevant</th>
<th>Existing Information About the Child</th>
<th>Additional Evaluation Data Needed</th>
<th>Sources from Which Data Will Be Obtained</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>□ Yes No</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Vision</td>
<td>Yes No</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Hearing</td>
<td>Yes No</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Social/Emotional Status</td>
<td>Yes No</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>General Intelligence</td>
<td>Yes No</td>
<td>Re-evaluation teacher reported processing concerns.</td>
<td>BASC</td>
<td>Observation interview file review</td>
</tr>
<tr>
<td>Academic Performance</td>
<td>Yes No</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Communication Status</td>
<td>Yes No</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Motor Abilities</td>
<td>Yes No</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Parent/Guardian Consent for Re-Evaluation

• Like the initial consent for an evaluation, this form must be used to document any evaluations recommended by the District and to obtain consent for the reevaluation.

• In CPS there are 3 types of re-evaluations:
  • Evaluation to consider a related service: Only includes the related service the team is considering to add or remove
  • Triennial: Re-evaluations must occur every 3 years
  • Special Evaluation/Re-evaluation prior to the triennial: 3 year evaluation is not due but there is new information for the Team to consider
Parent/Guardian Notification of Conference

- Informs the Parent/Guardian of the date, time, and location of the meeting to discuss the Student’s IEP. In CPS, this also informs the Parent that data has been or will be collected in any of the areas with a check mark next to them.
  - Parents can request that data be collected in any unchecked area - this request should be made to the Case Manager.
- Informs the Parent/Guardian of the names and/or title of those invited, including the student, if he/she is 14 ½ or older and the Team is discussing transition services.
- The form must be dated and sent at least 10 calendar days prior to the meeting date. Parent can agree to waive the 10 calendar day requirement.
Date: 12/26/2018

Dear Jane Doe,

In order to discuss the education needs of your child, you are invited to attend a conference to be held at:

Date & Time: 12/26/2018, 04:00 PM  Location: Richard Henry Lee Elementary School

You are a participant on the IEP Team which will meet to address the purpose as indicated in the next section. You have the right to bring other individuals who have knowledge of special expertise regarding your child. If you plan to bring other individuals, please notify the individual indicated below prior to the meeting so arrangements and accommodations for participants can be made. If these meeting arrangements are not agreeable and/or you require an interpreter or translator, please contact the individual indicated below.

The purpose of this conference is:

- Review your child's educational status and determine what additional data, if any, is needed to complete your child’s evaluation.

The invited individuals and their titles are listed below. If one of the individuals listed below is unable to attend due to unforeseen circumstances, the district will designate an appropriate and suitable replacement to attend the IEP meeting. Any student, age 14 and older, must be invited to any meeting if the purpose of the meeting is to consider transition service needs.

<table>
<thead>
<tr>
<th>Title</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Manager:</td>
<td>Mary Scott</td>
</tr>
<tr>
<td>District Representative:</td>
<td>Mary Scott</td>
</tr>
<tr>
<td>Parent/Guardian:</td>
<td>Jane Doe</td>
</tr>
<tr>
<td>Psychologist:</td>
<td>Mary Scott</td>
</tr>
<tr>
<td>Student:</td>
<td>John Doe</td>
</tr>
</tbody>
</table>

ODLSS District Representative:

Data has been or will be collected regarding the following services:

- Paraprofessional Support
- Extended School Year
- Transportation
- Therapeutic Day School
- Specific Learning Disabilities

If data has not been collected in one of the above areas and you wish to have the data collected, send a written request to your school’s case manager as soon as possible.

The IEP Team will discuss whether your child requires Assistive Technology (AT) to receive a free Appropriate Public Education. The State’s AT phone number is 866-262-6643. The State’s AT internet address is: https://www.isbe.net/Pages/Special-Education-Assistive-Technology.aspx.

You and your child have protection under the procedural safeguards of special education regulations. The school district must provide you a copy of the Explanation of Procedural Safeguards once a year. Please contact the district if you need a copy of the Explanation of Procedural Safeguards.

Sincerely,
Parent/Guardian Notification of Conference Recommendations

Date: 09/20/2018

Parent/Guardian Notification of Conference Recommendations

School Name: Citywide Specialized Schools and Services

Student’s Name: John Doe

Birth Date: 07/12/2001

Dear Jane Doe,

The purpose of this letter is to provide you with notification of the educational recommendations made for your child at the conference held on 09/20/2018 at The Office of Diverse Learner Supports and Services, 42 W. Madison St, m/a, Chicago, IL - 60402.

At this conference, it was determined that your child:

- Is eligible or continues to be eligible for special education and related services under the category of: Autism
- Is not eligible for special education and related services.
- Will receive the special education and related services as listed in the IEP.
- Requires and will receive the postsecondary goals and transition services (beginning at age 14 ½) as listed in the IEP.
- Requires and will receive a functional behavioral assessment and behavioral intervention plan.
- Was determined that the disciplinary code violation(s) was related to your child’s disability.
- Is recommended for graduation.
- Other

CHECK ONE, when applicable: I understand that as soon as possible following development of the IEP, but not more than ten (10) school days, special education and related services will be provided to my child in accordance with the IEP, and:

I Agree [ ] I do not agree [ ] to waive the requirement of a ten school days interval before an initial or change of placement occurs.

_________________________ __________________________
Parent Signature Date

Please refer to your copy of the IEP conference summary report which contains the information used in making these recommendations. Please review the parental rights information in the Explanation of Procedural Safeguards. If you wish to discuss any concerns or have questions regarding your rights or this information, please contact:

Sincerely,

_________________________
Signature

Luis Rodriguez
Diverse Learner Sup/5vcs, Exec Dir - Procedures & Snds

- Used to summarize the recommendations made at the IEP meeting.
- A Parent may waive the 10 day time period referenced in this notice so that services can begin as soon as possible. Keep in mind, the District may require all 10 school days for implementation.
Parent/Guardian Consent for Initial Provision of Special Education and Related Services

• Used to obtain a Parent’s consent when a Student has been found eligible for special education and related services and an IEP has been completed.

• Initial provision of services will occur 10 school days following the completion of the IEP unless the Parent signs a waiver to allow the services to begin sooner.

• If a Parent chooses NOT to consent to services, the IEP will NOT be implemented and the child will NOT have any of the protections guaranteed by the IDEA.

• A Parent may revoke consent for these services at any time. If this occurs, the Student will receive none of the IDEA protections.
Parent/Guardian Consent for Initial Provision of Special Education and Related Services

Student Name: John Doe
Student ID: TEST
Name of Parent/Guardian/Surrogate Parent: Jane Doe
Birth Date: 12/12/2000

At a recent conference, you were recommended for initial provision of special education and related services and an Individualized Education Program (IEP) was developed. Before a school district can provide the special education services described in your IEP, your informed written consent is required. Your consent is voluntary and you may revoke your consent at any time. If you revoke consent, it does not negate an action that occurred after the consent was given and before it was revoked.

CHECK ONE:

☐ I give consent
For the initial special education and related services of me as indicated on the Individualized Education Program (IEP). The proposed special education and related service(s) have been fully explained to me and are consistent with the IEP developed for me.
I understand that my consent is voluntary. I understand that my consent is not required for continued services or change in services/placement. At least annually, I will be given reasonable opportunity for comment on and input into my IEP.
I have received a copy of the Explanation of Procedural Safeguards, which have been fully explained to me by school personnel, including the procedures for requesting an impartial due process hearing.
I understand that as soon as possible following development of the IEP, but not more than ten (10) school days, special education and related services will be provided to me in accordance with the IEP.

☐ I do not give consent
For the special education and related services of me as indicated in the Individualized Education Program (IEP).
I understand that the school district will not be in violation of the requirement to make available a free appropriate public education for me if I refuse to give consent.

☐ I have received
☐ Copy of the IEP Eligibility Summary
☐ Copy of the Individualized Education Program (IEP)
☐ Other:

Signature of Parent
Date

If you have any questions concerning this process or require additional information regarding your rights, please contact:
Name: Tbielc
Phone:

ODLSS
Office of Special Learner Supports & Services

Chicago Public Schools
Parent/Guardian Notification of IEP Revision

- Used when the Parent/Guardian and District agree to change the Student’s IEP without a formal IEP meeting.
- This form indicates the sections of the IEP that will be revised and the specific revisions that will be made.
- The suggested revisions cannot be made to the IEP until the Parent/Guardian signs this form.
- The revision process cannot take the place of the Student’s required annual IEP meeting.
- A teacher or service provider cannot decide to change how to implement the IEP without changing the IEP first.
- As a parent, you can waive the IEP revision meeting (see slide 17)
Parent/Guardian Notification of IEP Revision

Chicago Public Schools
Parent/Guardian Notification of Individualized Education Program Revision

Date: 
Student Name: John Doe  ID: TEST  Student’s Date of Birth: 07/12/2001

*Use this form to document that the parent and school district agreed to make changes to the IEP without reconvening the IEP meeting. This cannot take place of an annual review meeting and the form must be attached to the child’s IEP.

Dear Jane Doe,

On , you and , agreed to make the following changes to your child’s current IEP as indicated below.

Changes and Explanation of Changes:

Enclosed is a copy of your child’s current IEP along with the changes. The changes will begin on and be implemented in your child’s current placement.

If you disagree with the changes, want to request a meeting to discuss the above changes, or want to request a copy of the Explanation of Procedural Safeguards, please contact the person indicated below with any questions in regards to the above changes.

Sincerely,

__________________________
Parent/Guardian Notification of IEP Revision

Chicago Public Schools
Waiver of IEP Revision Meeting

Student Name: John Doe
Student ID: TEST
Date: 10/05/2017

I agree that my child's Individualized Education Program (IEP) can be revised by the school staff without convening an IEP meeting. I also agree to contact the school's case manager if I disagree with any of the revisions upon receipt of the revised IEP.

It is my understanding that the following changes will be made on my child's IEP:

- Language:
- General Consideration:
- Transition Services:
- Areas of Need:
- Accommodations/Modifications: Special Factors:
- Accommodations/Modifications: General:
- Accommodations/Modifications: Assessments:
- Specialized Instruction:
- LRE Grid/Setting:
- Curriculum, Grades, Promotion and Graduation:
- Extended School Year:
- Transportation:
- Transition Service Plan:
- Functional Behavior Assessment:
- Behavior Intervention Plan:
- Paraprofessional Support:
- Student Independence Plan:

Parent/Adult Student Signature: ___________________________ Date: ___________________________
Parent/Guardian Excusal of IEP Team Member

• Used to allow a required IEP team member to be excused from the IEP meeting.

• A required team member is:
  – General Ed. Teacher;
  – Special Ed. Teacher;
  – District Representative; and
  – Service Providers who provide or may provide services to the Student (social worker, occupational therapist, physical therapist, nurse, psychologist, speech language pathologist).

• A required team member may be excused if:
  – The team member’s area of curriculum or related services is not being modified, or
  – The team member submits, in writing, input for development of the IEP prior to the meeting.
  – A required team member MUST be excused by you, the Parent, and the District Representative or Case Manager to leave a meeting.
Parent/Guardian Excusal of IEP Team Member

Chicago Public Schools
Parent/Guardian Excusal of an Individualized Education Program Team Member

Date: 02/04/2019
Student ID: TEST

Dear Jane Doe:

An IEP Team meeting is scheduled for your child on 02/04/2019.

We spoke on the phone and agreed to the following:

Allowing team members to be excused from attending an IEP meeting is intended to provide additional flexibility to parents in scheduling meetings. The presence and participation of the Individualized Education Program (IEP) team member identified below is not necessary and has been excused from being present and participating in the meeting. A representative, another an individual who can interpret the instructional implications or evaluation results, who may be a member of the team already identified.

Content area of excused member not discussed at the meeting:
The school district and parent/guardian agree the following member is not required to attend the IEP meeting in whole or in part because the individual’s area of curriculum, content or related service will not be discussed or modified.

<table>
<thead>
<tr>
<th>Title</th>
<th>Name</th>
</tr>
</thead>
</table>

Content area of excused member discussed at the meeting:
The school district and parent/guardian agree the following member may be excused from attending the 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 member submits input into the IEP in writing to the parent and to the team prior to the meeting.

<table>
<thead>
<tr>
<th>Title</th>
<th>Name</th>
</tr>
</thead>
</table>

Parent/Guardian Signature
Date

Authorized School Personnel Signature
Date

If you have any questions or would like a copy of the Explanation of Procedural Safeguards, please contact:

Name: [Name]
Title: [Title]

Sincerely,
[Name]
Title:
Parent/Guardian and Student Notification of Transfer of Rights Due to Age of Majority

- Used to provide notice that the Student’s educational rights will transfer to the Student on the his/her 18th birthday.

- Must be provided to the Parent/Guardian AND Student:
  - 1 year before the Student turns 18, and
  - Prior to the date of any special education meeting after the Student turns 18.

- The Parent/Guardian retains the right to receive 10-day notice prior to the date of any conference.

- If someone obtains legal guardianship of the student, proof must be provided to the District. This document will identify the representative for the Student’s educational rights.
Delegation of Rights to Make Educational Decisions

- Allows Student to transfer his/her educational decision making rights to a Parent/Guardian or other “Representative.”
- Used when Student has reached the age of majority (18 years of age).
- MUST be provided to Student at the IEP meeting during the school year in which Student turns 17 years of age.
- If Student and his/her parents do not attend the meeting, this form MUST be mailed to both parties, along with the form: Parent/Guardian and Student Notification of Transfer of Rights Due to Age of Majority.
Consent for Agency Invitation to Transition Meeting

- This form notifies the District that a Parent and/or Student (who has reached age 18) provided prior written consent to invite an outside agency representative to an IEP meeting to discuss transition planning and services.

- Consent is:
  - Voluntary;
  - Valid for one year from the signature date; and
  - May be revoked at any time.
Mutual Written Agreement to Extend Evaluation Timeline

(For Students with or Suspected of Having a Specific Learning Disability Only)

Date: 12/17/2018  
Student’s Name: John Doe  
Student’s Date of Birth: 07/12/2001

☐ INITIAL EVALUATION ☐ RE-EVALUATION

Dear Jane Doe:

Each school district shall ensure that a full and individual evaluation is conducted for each child being considered for special education and related services. The purpose of an evaluation is to determine:

- Whether the child has or continues to have one or more disabilities;
- The present levels of academic achievement and functional performance of the child;
- Whether the disability is adversely affecting the child’s education; and,
- Whether the child needs or continues to need special education and related services.

As you know, you previously signed consent for the initial evaluation or reevaluation of your child to determine if he or she has or continues to have a disability and is eligible for special education and related services. This evaluation is in process and is being conducted in accordance with the documented decision of the IEP Team, of which you are a member, with regard to the nature and scope of the evaluation. The state special education rules require that within 60 school days from the date of parent/guardian consent, a conference must be held to discuss the evaluation findings and determine eligibility for special education and related services.

The federal special education regulations at 34 CFR 300.309(c) allow the 60 school-day timeline to be extended when conducting an evaluation of a student with or suspected of having a specific learning disability. Such an extension may only occur through mutual written agreement of the child’s parents and a group of qualified professionals (as described in 34 CFR 300.306(a)(1)).

We are proposing to extend the evaluation timeline by school days, which will have the effect of changing the completion date from 02/08/2019 to 02/08/2019, for the reason(s) discussed below. This extension cannot have the effect of delaying or denying the provision of a free, appropriate public education for your child.

Reason(s) for Timeline Extension:
Continue to collect MTSS Data for students suspected of having a Specific Learning Disability.

DISTRICT AGREEMENT TO EXTEND THE TIMELINE

The school district hereby agrees to extend the evaluation timeline as specified above.

Date  
District Representative Signature

Name  
Title

PARENT/GUARDIAN AGREEMENT TO EXTEND THE TIMELINE

I understand the school district (group of qualified professionals as described in 34 CFR 300.306(a)(1)) must have my agreement to extend the timeline to complete the evaluation. If I do not agree to extend the evaluation timeline, the district is required to complete the evaluation and determine eligibility within the 60 school day timeline. I understand my rights as explained to me and contained in the Explanation of Procedural Safeguards.

☐ I agree ☐ I do not agree

to extend the 60 school day timeline as specified above to complete the special education evaluation of my child and determine his or her initial or continued eligibility in the category of specific learning disability.

This form is used to allow the Parent and District to agree to extend the 60 school days allowed for initial evaluation for Students with suspected Specific Learning Disability (SLD) or reevaluation of a student who has SLD.

- Must include a proposed number of days for the extension, which cannot be more than 20 school days.
- Must include a reason for the extension.
- The date on the letter should be the date that it is mailed.
- The Parent has a right to agree or disagree with the extension, or with the number of days.
Notice of Procedural Safeguards

- Outlines a Parent’s legal rights under the IDEA.

Students with IEPs or prior knowledge exists that a student may have a disability.
# 10-day Notice of Non-Implementation

This form is used to notify a Parent if any service or support included in the IEP has not been provided within 10 school days after the IEP was finalized.

- This form must be sent to Parents even if the failure to provide the services/support within 10 school days is due to a staff vacancy.

### Chicago Public Schools

**Parent/Guardian Notification**

**IEP Services Not Implemented Within Ten School Days**

<table>
<thead>
<tr>
<th>Student Name: John Doe</th>
<th>Student ID: TEST</th>
</tr>
</thead>
<tbody>
<tr>
<td>School: Citywide Specialized Schools and Services</td>
<td>Birth Date: 07/12/2001</td>
</tr>
</tbody>
</table>

Date: 09/12/2018

Dear Jane Doe,

John’s IEP was finalized on 02/01/2017. The following IEP Services have not been implemented within ten school days:

- You and your child have protection under the procedural safeguards of special education regulations. A copy of the **Explanation of Procedural Safeguards** is attached to this notice.

Sincerely,

[Signature]

Title: 
School: 
School Phone Number:
SAVE the DATE!!!!

ODLSS Spring Parent Empowerment Expo
Saturday May 11, 2019 from 9:00 a.m - 1:00 p.m.

Features: IEP clinic, PUNs, immunizations, and more....