



CANYONS
School District

Notice of Meeting for _____
Canyons School District
9150 South 500 West, Sandy, UT 84070

Today's Date: _____

To Legal Guardian:

Dear

You are invited to a meeting for

- continue recent and previous discussions about _____ and his/her educational needs
- review his/her evaluation and consider his/her eligibility for special education
- discuss and develop an Individualized Education Program (IEP) for him/her and discuss his/her educational placement

to:

- consider transition services for him/her
- discuss his/her educational placement
- discuss any medical issues that may affect his/her progress

The meeting is scheduled to start at _____ on _____ at _____ located at _____.

The following participants will be in attendance:

Position	Name
1. LEA Representative	_____
2. Special Education Teacher	_____
3. General Education Teacher	_____
2. Student	_____
3. Legal Guardian	_____

_____	_____
_____	_____
_____	_____

You may bring other individuals who have knowledge or special expertise regarding _____. If you plan to bring other individuals or if the meeting is not scheduled at a convenient time and/or place, please contact _____ at _____.

We look forward to seeing you at the meeting.

Sincerely,

Special Education Teacher



Prior Notice and Consent for Evaluation/Re-Evaluation for _____

Canyons School District
9150 South 500 West, Sandy UT 84070
Phone: 801-501-1098 Fax: 801-501-1043

Date: _____

Student Name _____
Date of Birth _____
School _____
Grade _____

Parent Prior Notice for Evaluation/Re-Evaluation

We are proposing to evaluate/re-evaluate _____ to determine if _____ has a disability that may require special education services under the Individuals with Disabilities Education Act (IDEA). We are proposing this evaluation because there are concerns about _____'s educational progress. Although there may have been interventions implemented, concerns about his progress continue. These concerns form the basis for this decision. The Procedural Safeguards included with this notice afford you protection. If you have any questions regarding this notice or Procedural Safeguards, contact the special education teacher at _____'s school or the Special Education Office at the District.

We need your permission to conduct this evaluation. We may not administer tests in all indicated areas. We will not give any test in areas other than those indicated below, without obtaining your consent:

- | | | | |
|---|--|--|--------------------------------------|
| <input type="checkbox"/> Intellectual/Cognitive | <input type="checkbox"/> Academic | <input type="checkbox"/> Communication | <input type="checkbox"/> Psychomotor |
| <input type="checkbox"/> Motor | <input type="checkbox"/> Adaptive | <input type="checkbox"/> Social/Behavioral | <input type="checkbox"/> Hearing |
| <input type="checkbox"/> Vision | <input type="checkbox"/> Vocational/Transition | | |

This evaluation cannot begin until your written permission is received. Upon completion, you will be provided with a copy of the evaluation report and documentation of determination of eligibility. You have the right to refuse permission for this evaluation.

Please sign below and return.

_____ I **DO** give permission for the evaluation requested and have received the Procedural Safeguards. I understand that all results will be kept confidential and reviewed with me. My signature indicates I have received a copy of this form and a copy of the Procedural Safeguards.

_____ I **DO NOT** give permission for the evaluation requested, and have received the Procedural Safeguards. My signature indicates I have received a copy of this form and a copy of the Procedural Safeguards.

Signature of Parent

Date

**My signature certifies I have received a copy of this form.
A copy of the Procedural Safeguards is included.**

Staff Copy

AREAS**TESTS AND PURPOSES**

Intellectual/Cognitive	Tests in this area measure a student's ability to remember what has been seen and heard and the ability to solve problems. They also reflect learning rate and assist in predicting how well a student will do in school. Tests such as: Wechsler Scales of Intelligence, Stanford Binet, Matrix Analogies Test, Woodcock Johnson, Leiter, Kaufman, Battelle, Munoz.
Academic	Tests in this area measure a student's current reading, math, written expression and readiness skills. Tests such as: Woodcock Johnson, Key Math, Woodcock Reading Mastery Test, Kaufman Test of Educational Achievement, Test of Written Language, Test of Reading Comprehension, Brigance, Weschler Individual Achievement Test, Munoz.
Communication	Tests in this area measure a student's ability to understand, relate to and use language and speech appropriately. Tests such as: Clinical Evaluation of Language Fundamentals, Peabody Picture Vocabulary Test, Test for Auditory Comprehension of Language, Test of Problem Solving, Computer Analysis of Phonological Processes, Battelle, Goldman Fristoe, Test of Language Development.
Psychomotor	Tests in this area may assess how well a student perceives, motor processes and remembers visual and auditory information. These tests may also assess large and small muscle coordination. Tests such as: Visual Motor Integration, Motor Free Visual Perception Test, Carrow Auditory Visual Abilities Test, SCAN (Screening Test for Central Auditory Processing Disorders).
Motor	Tests in this area may assess large and small muscle coordination, mobility, self help and accessibility. Tests such as: Utah Schools Therapy Assessment, Occupational Therapy Functional Assessment, Physical Therapy Neuromotor Evaluation, Mobility Assessment, Battelle.
Adaptive	Tests in this area assess a student's personal independence and social functioning in school, home and community. Tests such as: Vineland Adaptive Behavior Scales, Rimland (E-Z) Autism Checklist, Childhood Autism Rating Scale, Battelle, observation.
Social/Behavioral	Tests in this area assess a student's personal independence and social functioning in school, home and community. They may also assess behavioral patterns that may adversely affect educational performance. Tests such as: Behavior Evaluation Scale, Child Behavior Checklist, Devereux School Behavior Rating Scales, Battelle, observation.
Hearing	Tests in this area assess the students hearing acuity and middle ear function. Assessments may include pure tone audiometry, speech audiometry, tympanometry, and hearing aid analysis.
Vision	Tests in this area assess a student's visual acuity, visual processing ability, and mobility skills. Tests such as: Diagnostic Assessment Procedure, Visual Efficiency Scale, Low-Vision Functioning Assessment, mobility assessment for vision.
Vocational/Transition	Tests in this area are used to identify career strengths, limitations and interests. Assessments also measure living skills, work skills, habits, attitudes and preferences in areas relating to transition planning. Tests such as: Brigance Inventory of Essential Skills, Enderle Severson Transition Rating Scale.

Staff Copy



Individualized Private School Services Plan

Student: _____ Date of birth: _____ Date: _____
 School: _____ Classification: _____ Grade: _____
 School of Residence: _____

Special Education Services:	<u>Location</u>	<u>Amount of Time</u>	<u>Frequency</u>
_____	_____	_____	_____
Related Services required for student to benefit from Special Education:			

Supplementary aids and services program modifications/supports for school personnel:			

Projected date of initiation of these services: _____			
Anticipated duration of the services (one year from initiation date, or other): _____			
Use the appropriate form for Age of Majority and/or Transition Services			

Parent Prior Notice for Free Appropriate Public Education

The Canyons School District stands ready to provide a free appropriate public education should your student enroll in a District school. Canyons School District shall make the final decision with respect to the services to be provided to eligible private school students.

Special Education Team Participants

_____	_____
Parent	Date
_____	_____
LEA Representative	Date
_____	_____
Student	Date
_____	_____
Regular Education Teacher	Date
_____	_____
Special Education Teacher	Date
_____	_____
Private School Representative	Date
_____	_____
Other	Date
_____	_____
Other	Date

Note

If the parent signature is missing, provide a copy of SP and the regulations regarding private school and check below:

- Did not attend (document efforts to involve parent)
- Via telephone, teleconference or video conference
- Other: _____