

Education Co-op of Central Texas

DATE SENT/MAILED _____

NOTICE OF THE ADMISSION, REVIEW, AND DISMISSAL (ARD) COMMITTEE MEETING INVITATION TO MEETING

TO _____ RE: STUDENT _____

You are invited to attend an Admission, Review, and Dismissal (ARD) Committee meeting at the date, time, location and room below:

DATE _____ TIME _____ LOCATION _____ ROOM _____

The following persons have been invited to attend this meeting:

- Parent, Student, Career/technology teacher, Others, General Education teacher, School administrator, LPAC representative, Evaluation personnel, Special education teacher, Special education coordinator. The parent or district may invite to the meeting other individuals who have knowledge or special expertise regarding the student, including related service personnel, as appropriate. Determination of the knowledge or special expertise shall be made by the parent or district who invited the person.

The purpose of the meeting is to:

- 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 Program (IEP); Other: discuss transition services; consider extended year services; consider change of placement.

The reason(s) action(s) are proposed: _____

Options considered by the district before convening this meeting:

- General Education, Change in methodology, Varied behavioral interventions, Tutorials / Interventions, Compensatory Education, Alternative program, Counseling, Other: Bilingual/ESL, Schedule change, 504 accommodations.

Options above were rejected because:

- There has been a lack of progress in general education; The student needs a more individualized program; Other: Student's needs haven't been met; Student is experiencing frustration.

The following evaluation procedures, tests, records, or reports will be reviewed and discussed:

- Full and Individual Evaluation (e.g., language, physical, emotional, sociological, intellectual, educational performance); school records (e.g., grades, attendance reports, teachers' observations, achievement test scores, discipline reports); independent evaluation reports; parent/student information; other: _____

TRANSITION SERVICES: Yes No This meeting will consider and/or review the transition service needs of the student. Transition Planning Brochure Included The district will invite the student to this meeting. The following agencies have been invited to send a representative to this meeting: _____

TRANSFER OF RIGHTS: If this student will be 18 years old within one year from the date of this notice, "Parent/Student Notice of Transfer of Parental Rights" is enclosed.

Other factors relevant to this ARD committee meeting: None Other: Your rights were explained to you when your child was initially referred for special education evaluation. If the ARD is an Annual Review ARD, a copy of "Notice of Procedural Safeguards" is enclosed.

Please KEEP THIS PAGE for your records. RETURN THE ATTACHED PAGE 2 at least 2 days before the meeting. If you have questions or need assistance in understanding this notice, please call the number listed below. You may also call Education Co-op of Central Texas at (254)756-1974, or Region 12 Education Service Center at (254)297-1212 or Texas Education Agency at (512)463-9734 for information.

Signature _____ Position _____ Phone _____

Please return this form to:

STUDENT _____

Please check appropriate statement(s) below, sign and return.

- I will attend the meeting on (date): _____ at (time): _____
- I would like to attend the meeting, but cannot do so at the time suggested; please contact me at _____ to reschedule.
- I will not be able to attend the meeting, please have it without me. I wish to be notified of the results of the meeting.
- I will not be able to attend the meeting in person, but would like to participate via telephone. Please contact me at _____ at the scheduled meeting time.
- I waive the required five school day waiting period between Notice of the ARD Committee Meeting and the ARD committee meeting.

Comments:

SIGNATURE OF PARENT, GUARDIAN, SURROGATE PARENT, OR ADULT STUDENT

DATE

SIGNATURE OF INTERPRETER, IF USED

DATE

PARENT CONTACT LOG