

Aiken County Public Schools

## Invitation to Evaluation Planning for Initial Referral

Child's Name: \_\_\_\_\_ Date \_\_\_\_\_

Dear Parent / Guardian / Student (if age of majority):

The school district proposes to conduct an initial individual evaluation of this child in order to determine his/her eligibility for special education services and his/her needs. You are invited to participate in an evaluation planning meeting. During the meeting, the team will review existing information and determine what, if any, additional information must be obtained in order to conduct the evaluation. You may bring records with you to the meeting. Any information you present, either verbally or in writing, will be considered in planning the evaluation and in determining eligibility for special education services. At the meeting, you will also be asked to give written consent for the evaluation, which includes consent to use existing information. The team can also consider options other than evaluation.

The meeting is scheduled for \_\_\_\_\_ at \_\_\_\_\_  
at \_\_\_\_\_. The personnel indicated below have been invited to participate in the meeting.

- \_\_\_ Local Education Agency Representative (school administrator or district representative)
- \_\_\_ School Psychologist
- \_\_\_ Regular Education Teacher
- \_\_\_ Special Education Teacher
- \_\_\_ Speech Therapist
- \_\_\_ Interventionist
- \_\_\_ Guidance Counselor
- \_\_\_ Student Service Worker
- \_\_\_ School Nurse
- \_\_\_ Occupational Therapist
- \_\_\_ Physical Therapist
- \_\_\_ School-Based Counselor
- \_\_\_ 504 Coordinator

You may bring other individuals with you who have knowledge or special expertise regarding this child.

Enclosed is a copy of the "Procedural Safeguards Notice." This document summarizes your rights with regards to the Individuals with Disabilities Education Improvement Act. If you have any questions they can be addressed during the meeting and/or you can contact the Department of Special Programs at 803-641-2621.

Please sign the enclosed "Invitation Response for Evaluation Planning" form and return it as soon as possible. If you have any questions or concerns, please contact me at \_\_\_\_\_.

Sincerely,

\_\_\_\_\_  
*Name and Title*

Enclosures: \_\_\_ "Procedural Safeguards Notice"  
\_\_\_ "Invitation Response for Evaluation Planning"

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## Invitation Response for Evaluation Planning

Child's Name \_\_\_\_\_ School \_\_\_\_\_

PLEASE CHECK:

\_\_\_\_\_ I plan to attend the meeting as scheduled.

\_\_\_\_\_ I do not plan to attend the meeting and do not wish to reschedule. I understand that the team will meet in my absence and inform me of their recommendations.

\_\_\_\_\_ I would like to reschedule the meeting for another date or time. *Someone will contact you to reschedule the meeting. Please indicate your preferences for date and time, and provide a phone number where you can be reached.* \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ I would like to participate in the meeting by phone. Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

PLEASE RETURN THIS FORM TO \_\_\_\_\_