

Laurel County Schools

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Date: _____

Dear Parent/Guardian/Student:

This letter comes as notification that _____, who withdrew from
(Student's Name)
school prior to program completion, continues to be entitled to a free appropriate public
education as long as he/she remains eligible under the Individuals with Disabilities Education Act
(IDEA) or until his/her twenty-first birthday. _____, can re-enroll in
(Student's Name)
the Laurel County School District to obtain a diploma, complete a planned program or until
his/her twenty-first birthday.

If _____ would like to re-enroll in school, please contact the
(Student's Name)
guidance counselor of the school in the area he/she resides or the Director of Special Education
at 606-862-4611. If I can be of any assistance or answer any questions you may have, please
contact me at _____.
(Phone Number)

Sincerely,

Principal's Name

Laurel County Schools

Determination of Student Representative

This form is used to determine the representative for a student who (1) is suspected of needing special educational services, (2) is now receiving special education services, or (3) is transferring into the district from a special education program in another district. It must be completed at the time of referral for (1), at the time of the three-year re-evaluation for (2), and at the time of enrollment for (3).

Name: _____ Date of Birth: _____ SSID # _____

Gender: _____ Name of Caregiver: _____

Address: _____

Home Phone: _____ Primary Language: _____

Relationship to the child: Parent Guardian Self Foster Parent Other

Findings:

1. The pupil lives with parents or is represented by a legal guardian. Attach verification of guardianship.
2. The pupil's parents request that a relative/friend represent them in educational decisions regarding their disabled child. Attach a copy of written authorization from the parent or written statement from individual whom the child resides that the natural parent is allowing said individual to act as the parent in educational matters.
3. The pupil is married.
4. Pupil is 18 or older.
5. Pupil is 18 or older but declared incompetent. Attach verification of court decision.
6. The pupil's parents are unknown. Attach written verification.*
7. The pupil's parents have not been located after reasonable attempts. Attach a copy of written documentation of efforts.*
8. The pupil is a ward of the state. Attach a copy of a court order or other verification.*
9. Other: _____

Based on findings: a Surrogate Parent is NOT needed. finding incomplete. IS needed.

District Representative

Date

Special Education Director*

Name of Student Representative

*(required only if items 6, 7, 8, or 9 are checked)

The Laurel County Board of Education does not discriminate on the basis of race, color, national origin, sex, disability, age, religion or marital status in training activities or employment practices in accordance with Title VI and Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, and the American with Disabilities Act of 1990.

Laurel County Schools

Authorization for Appointment of a Representative for Educational Decisions

School Name: _____

Child's Name: _____

Date of Birth: _____ Date: _____

I voluntarily grant permission to: _____
(Person's Name)

to represent my child. _____
(Name of Child)

This person may represent my child in all matters relative to the identification, evaluation, and educational placement of my child and the provision of a free appropriate public education.

I understand that once appointed, _____, may represent my child until such time that I submit a written statement to the Director of Special Education revoking authorization for my child to be represented.

Signature of Parent

Date

Notary Public _____ County, Kentucky

My Commission Expires _____

Copies: Cumulative Folder
Due Process Folder
Director of Special Education
Principal

Summary of Procedural Safeguards

(Parents' Rights)

Individuals with Disabilities Education Act

Revised September 26, 2008

The Individuals with Disabilities Education ACT (IDEA) requires school districts to provide parents of a child with a disability with a notice containing a full explanation of the procedural safeguards available under the IDEA and the U.S. Department of Education regulations. A copy of the Procedural Safeguards Notice must be given to parents only one time a school year, except that a copy must be given to the parents:

- ◆ Upon initial referral or parent request for evaluation;
- ◆ Upon receipt of the first formal written complaint under 34 CFR §§300.151 through 300.153 and upon receipt of the first due process hearing request under §300.507 in a school year;
- ◆ When a decision is made to take a disciplinary action that constitutes a change of placement; and
- ◆ Upon parent request. [34 CFR §300.504 (a)]

GENERAL INFORMATION

Prior Written Notice

- The district must provide you written notice (this is the Conference Summary) whenever the district proposes to initiate or refuses to initiate or to change the identification, evaluation, or educational placement of your child, or the provision of a free appropriate public education (FAPE) to your child.
- For each action the district proposes or refuses to take, the notice describes the action and provides an explanation for taking the action, including the information used to make a decision; describes other choices the district considered and reasons for rejecting those choices; and the district makes sure you understand the procedural safeguards (Parent Rights) and include resources for you to contact for help in understanding Part B of IDEA.

Native Language

- Native language and mode of communication means the language or communication mode normally used by the family and/or child.
- The notice provided to you by the district must be written in language understandable to the general public and in your native language or other mode of communication you use, unless it is clearly not feasible to do so.
- If your native language or mode of communication is not a written language, the district must ensure that the notice is translated for you orally by other means in your native language or other mode of communication; you understand the content of the notice; and there is written evidence that these requirements have been met.

Electronic Mail

- ❑ The district may offer to send the following documents by email: prior written notice (Conference Summary), Procedural Safeguards Notice (Parent Rights), and notices relating to a due process complaint (i.e. due process hearing).

Parental Consent

- ❑ Consent means that you have been informed, in your native language or mode of communication, of everything the district is requesting to do for your child.
- ❑ The district asks for your written consent before the district initially evaluates your child or initially provides services to your child and must make reasonable efforts to obtain your informed consent.
- ❑ The district asks you to give your written consent voluntarily; you may refuse or withdraw your consent at any time.
- ❑ Withdrawal of consent does not undo any action that has already been done.
- ❑ If you refuse to provide consent or fail to respond to a request to provide consent for an initial evaluation, the district may, but is not required to, seek to conduct an initial evaluation of your child by utilizing IDEA's procedural safeguards, such as mediation, an impartial due process hearing and resolution meeting.
 - ❑ **Special rules for initial evaluation of wards of the State (*use only when it applicable*).** If a child is a ward of the State and is not living with his/her parent, the district does not need consent from the parent for an initial evaluation to determine if the child is a child with a disability if: despite reasonable efforts to do so, the district cannot find the child's parent; the rights of the parents have been terminated in accordance with State law; or a judge has assigned the right to make educational decisions and to consent for an initial evaluation to an individual other than the parent. In no event may the Kentucky Cabinet for Health and Family Services act as a parent under Part B of IDEA.
- ❑ If you refuse or do not respond to a request for consent for special education and related services for the first time: the district *will not* ask for a due process hearing and resolution meeting; the district *is not* in violation of the requirement to make a free appropriate public education available to your child; and, *is not* required to have an ARC meeting or develop an IEP for your child for the special education and related services for which your consent was requested.
- ❑ The district takes reasonable steps to obtain your consent for a reevaluation; however, if you do not respond, the district may provide a reevaluation of your child.
- ❑ If you refuse to provide consent for a reevaluation, the district *may*, but is not required to, ask for a due process hearing and resolution meeting.
- ❑ If your child is in a private (or home) school, and you do not provide consent for an initial or reevaluation, the district *may*, but is not required to, request a due process hearing.
- ❑ The district will not ask for your consent when reviewing existing data as a part of your child's evaluation or reevaluation or when giving an evaluation to your child that is given to all children, unless consent is required from all parents of all children.

Independent Educational Evaluation

- ❑ If you disagree with the district's evaluation, you may ask for an independent educational evaluation at public expense.
- ❑ If an independent evaluation is conducted at public expense, the criteria under which the evaluation is obtained, including the location of the evaluation and the qualifications of the examiner, must be the same as the criteria that the district uses when it initiates an evaluation.
- ❑ The district may either provide an independent evaluation by a qualified examiner or file a request for a due process hearing to show the district's evaluation is appropriate. If the district's evaluation is determined appropriate, you have the right to an independent educational evaluation, but not at public expense.
- ❑ You are entitled to one independent educational evaluation at public expense each time the district conducts an evaluation of your child with which you disagree.
- ❑ If you obtain an independent evaluation at your own expense, the district must consider the results of the evaluation if it meets the district's criteria.

CONFIDENTIALITY OF INFORMATION

Notice to Parents

The Kentucky Department of Education (KDE) must give notice that is adequate to fully inform you about confidentiality of personally identifiable information and the notice must be published or announced in newspapers or other media, or both before any major identification, location, or evaluation activity (also known as "child find"). The notice includes:

- ❑ A description of the extent of the notice, in the native language, to all populations in the State;
- ❑ A description of the children for whom confidential information is maintained, the types, methods of gathering the information, and uses of the information;
- ❑ A summary of policies and procedures that school districts and other agencies must follow; and
- ❑ A description of the rights of parents and children regarding this information and under the Family Education Rights and Privacy Act (FERPA).

Access Rights:

- ❑ You have the right to inspect and review any educational records on your child without unnecessary delay and before: any meeting regarding an IEP; any impartial due process hearing; and, no later than 45 calendar days after you have made a request.
- ❑ The school presumes that both parents may see your child's records unless you, as the parent, give the school a court order or other legal document that revokes these rights.
- ❑ You have the right to:
 - ❑ have the records explained to you
 - ❑ ask for copies, for which the district may charge a fee
 - ❑ have someone else inspect and review the records
- ❑ The school keeps a record of everyone who obtains access to your child's records. The school does not keep a record of each time the record is accessed by you as the parent, or the school employees who work directly with your child.
- ❑ If any educational record includes information on more than one child, the parents of those children have the right to inspect and review only the information relating to their child or to be informed of that specific information.
- ❑ On request, the district must provide you with a list of the types and locations of education records collected, maintained, and used by the district.
- ❑ The district may charge a fee for copies of records, as long as the fee does not prevent you from inspecting and reviewing the record.

Amendment of Records

- ❑ If you believe that information in your child's educational records is inaccurate, misleading, or violates the privacy or other rights of your child, you may request to change the information.
- ❑ If the district refuses to change the information, the district must inform you of the refusal and advise you of the right to a hearing to challenge information in the educational records regarding your child.
- ❑ As a result of the hearing, the district either changes the information or does not change the information. If the information is not changed, the district must inform you of your right to place an explanation in the record with the reason(s) you disagree with the decision.

Consent for Disclosure of Personally Identifiable Information

- ❑ The district asks for your written consent before disclosing personally identifiable information about your child to parties other than officials of the participating agencies.
- ❑ The district asks for your written consent, or the written consent of an eligible student who has reached the age of eighteen (18), before personally identifiable information is released to officials of participating agencies providing or paying for secondary transition services.
- ❑ The district asks for your written consent before releasing information to private school officials of the school in which your child attends if it is not located in the school district in which you live.

Safeguards

- ❑ The district must protect the confidentiality and have a person responsible for ensuring the confidentiality of any personally identifiable information at collection, storage, disclosure, and destruction stages.
- ❑ All persons collecting or using personally identifiable information must receive training regarding the State's policies and procedures on confidentiality under IDEA and the Family Education Rights and Privacy Act.
- ❑ The district must keep a record of the names and positions of the employees who may have access to confidential information.

Destruction

- ❑ The district must inform the parent and student, who is age 18 or older, when confidential information is no longer needed to provide educational services.
- ❑ The district destroys the information at the request of the parent or student who is age 18 or older.
- ❑ The district may maintain a permanent record of the student's name, address, phone number, grades, attendance record, classes attended, grade level completed, and year.

STATE COMPLAINT PROCEDURES

Complaints

- ❑ Any individual or organization may file a formal written complaint alleging a violation of any Part B (IDEA) requirement by a school district, Kentucky Department of Education (KDE), or any other agency.
- ❑ The complaint must allege a violation that occurred not more than one (1) year before KDE receives the complaint. The complaint shall be mail to the Director, Division of Exceptional Children Services. The address is found in your copy of Procedural Safeguards.
- ❑ KDE generally must resolve a formal written complaint within a 60-day timeline, unless the timeline is properly extended.
- ❑ A formal written complaint maybe resolved through an on-site investigation and written report of the findings, a resolution meeting, mediation or through a due process hearing.

Filing a Due Process Complaint (Due Process Hearing Request)

- ❑ You or the district may file a due process hearing request about any matter relating to a proposal or refusal to initiate or change the identification, evaluation, educational placement, or provision of a free appropriate public education to your child.
- ❑ The violation must have occurred not more than three (3) years before you or the district knew or should have known about the alleged action.
- ❑ The district must inform you of any free or low-cost legal and other relevant services available if you request the information, or if you or the district file a due process hearing request.
- ❑ The request for a due process hearing is sent to the Kentucky Department of Education and they will provide a qualified hearing officer.

Mediation

- ❑ You and the district may request mediation to settle differences about the identification, evaluation, educational placement, or provision of a free appropriate public education to your child.
- ❑ Mediation is voluntary and cannot be used to deny or delay your right to a due process hearing or any other rights you have under IDEA.
- ❑ The request for mediation is sent to the Kentucky Department of Education and they will provide an impartial mediator.

Child's Placement While the Due Process Request and Hearing are Pending (Stay-Put)

- ❑ Once a due process hearing request is sent to the other party, during the resolution process time period, and while waiting for the decision of any impartial due process hearing or court proceeding, unless you and the State or district agree otherwise, your child must remain in his or her current education placement.

Resolution Process

- ❑ Within 15 days of receiving notice of your due process complaint, and before the due process hearing begins, the district must convene a meeting with you and the relevant member or members of the Admissions and Release Committee (ARC) to discuss your hearing request and give the district the opportunity to resolve the dispute.
- ❑ You and the district may agree in writing to waive the resolution meeting and agree to use the mediation process.
- ❑ If the district has not resolved the issues raised in your hearing request within 30 days of the receipt of the hearing request, the due process hearing may occur.
- ❑ If a resolution to the dispute is reached at the resolution meeting, then you and the district must enter into a legally binding agreement.
- ❑ You and the district may void the resolution agreement within three (3) business days of the time you signed the agreement.

Hearings on Due Process Complaints/Hearing Requests

- ❑ Whenever a due process hearing request is filed, you or the district involved in the dispute must have an opportunity for an impartial due process hearing.
- ❑ The party (you or the district) that requests the due hearing may not raise issues at the due process hearing that were not addressed in the due process complaint, unless the other party agrees.
- ❑ You or the district must request an impartial hearing on a due process complaint within three years of the date you or the district knew or should have known about the issue addressed in the complaint.
- ❑ KDE will provide an impartial hearing officer.
- ❑ KDE, after deleting any personally identifiable information, must: provide the findings and decisions in the due process hearing or appeal to the State special education advisory panel; and make those findings and decisions available to the public.

Appeals

- ❑ A decision made in a due process hearing is final, unless you or the school district appeals the decision to the Exceptional Children Appeals Board (ECAB).
- ❑ The decision made by the ECAB is final unless you or the school district brings a civil action.

Attorneys' Fees

- ❑ In any action or proceeding brought under Part B of the IDEA, if you prevail (win), the court, in its discretion, may award reasonable attorneys' fees as part of the costs to you.
- ❑ In any action or proceeding brought under Part B of the IDEA, the court, in its discretion, may award reasonable attorneys' fees as part of the costs to a prevailing school district or KDE, to be paid by your attorney, if the attorney: filed a complaint or court case that the court finds is frivolous, unreasonable, or without foundation; or continued to litigate after the litigation clearly became frivolous, unreasonable, or without foundation; **or** the court, in its discretion, may award reasonable attorneys' fees as part of the costs to a prevailing school district or KDE, to be paid by you or your attorney, if your request for a due process hearing or later court case was presented for any improper purpose, such as to harass, to cause unnecessary delay, or to unnecessarily increase the cost of the action or proceeding.

PROCEDURES WHEN DISCIPLINING CHILDREN WITH DISABILITIES

- ❑ Your child may be removed from their current educational placement to an appropriate interim alternative educational setting as determined by the Admissions and Release Committee, another setting, or suspension for not more than 10 school days in a row during a school year.
- ❑ If your child is removed from their current educational placement for more than 10 school days in a school year, the district must provide educational services so as to enable the child to continue to participate in the general education curriculum and to progress toward meeting the goals set out in the child's IEP; and, receive, as appropriate, a functional behavioral assessment, and behavioral intervention services and modifications that are designed to address the behavior violation so that it does not happen again.
- ❑ If your child violates the Student Code of Conduct and the behavior is not a manifestation of his/her disability and the disciplinary change of placement would exceed 10 school days in a row, the district may apply the same disciplinary procedures that are applied to students without disabilities, except that the district must provide educational services to your child.

- Your child may be placed in an interim alternative educational setting for up to forty-five (45) school days if your child:
 - Carries a weapon or has a weapon at school, on school premises, or a school function;
 - Knowingly has or uses illegal drugs or sells or solicits the sale of a controlled substance while at school, on school premises, or a school function; or
 - Inflicts serious bodily injury on another person while at school, on school premises, or at a school function.
- If your child is removed from their current educational placement, the ARC will meet to review your child's IEP and placement.

Appeal

- You may file a due process hearing request if you disagree with the placement and/or manifestation decisions.
- The district may file a due process complaint to request a due process hearing if it believes that maintaining the current placement of your child is substantially likely to result in injury to your child or to others.
- Unless you and the district agree otherwise, the child remains in the interim alternative educational setting pending the decision of the hearing officer, or until the expiration of the time period of removal has expired.

Protections for Children Not Yet Eligible for Special Education and Related Services

- If your child has not been determined eligible for special education and related services and violates the Student Code of Conduct, you may assert protections under the IDEA if the district has knowledge that your child was a child with a disability before the behavior occurred.
- If the district does not have knowledge that your child is a child with a disability before taking disciplinary action, your child will be subject to the same disciplinary action as those applied to children without disabilities.
- If a request is made to evaluate your child during the time period in which your child is subjected to disciplinary measures, the district will expedite the evaluation and your child will remain in an educational placement determined by school personnel pending the evaluation results.

Referral to and Action by Law Enforcement and Judicial Authorities

- The district is not prohibited from reporting a crime committed by a child with a disability to local authorities.
- If the district reports a crime committed by a child with a disability, the district must ensure that copies of the child's special education records are transmitted for consideration by the authorities to whom the agency reports the crime; and may transmit copies of the child's special education and disciplinary records only to the extent permitted by the Family Educational Rights and Privacy Act (FERPA).

REQUIREMENTS FOR UNILATERAL PLACEMENT BY PARENTS OF CHILDREN IN PRIVATE SCHOOLS AS PUBLIC EXPENSE

- Part B of the IDEA does not require the district to pay for the cost of special education and related services of your child with a disability at a private school or facility, if the district made a free appropriate public education (FAPE) available to your child and you choose to place your child in a private school or facility.

Laurel County Schools

Student Developmental History

Student's name: _____ Date of Birth: _____ Date: _____

Name of person filling out form: _____ Relationship to student: _____

School: _____ Grade: _____

Home address: _____ Home phone: _____

Father's name: _____ Mother's name: _____

Student lives with (Check all that apply): Mother Father Stepmother Stepfather Foster parent
 Grandparent Other (Specify): _____

If the child does not live with both parents, how often does the child see the parent with whom he or she does not reside?

Other people living in the home:

Name	Age	Male/Female	Relationship to Student

School History

Before beginning kindergarten, did your child attend: Preschool Day care Head Start

If your child attended schools other than those in the Laurel County Public School (LCPS) District, please list the schools and dates attended: _____

Has your child repeated a grade? Yes No (If yes, indicate the grade) _____

Please check which describes your child's feelings about school in the elementary school grades (if applicable): Likes school Eager Fearful/Anxious Dislikes school

Please check which describes your child's feelings about school in the middle and/or high school grades (if applicable): Likes school Motivated Nervous Dislikes school

Do you have concerns about your child's school progress (e.g., academic, social, behavioral)?

Yes No (Please describe.) _____

Early Development

Was the child born full-term? Yes No (If not, how many weeks was the pregnancy?) _____

Was the child adopted? Yes No (If yes, how old was the child when adopted?) _____

Did the mother experience any of the following during this pregnancy?

Serious illness or injury (Specify): _____ Alcohol or other drug use
 Other: _____

Did your child experience any of the following difficulties during delivery?

Emergency cesarean section delivery Low birth weight Delivered with cord around neck
 Cardiopulmonary distress Seizures Cyanosis (turned blue)
 Needed oxygen Birth defect (Specify): _____
 Injury (Specify): _____ Other: _____

How was your child's temperament (e.g. happy, cuddly, fussy, colicky) as a baby? _____

Please circle when your child reached developmental milestones*:

Sitting:	Early (3-6 mos.)	Average (7-12 mos.)	Late (over 1 yr.)	Don't know
Walking:	Early (7-12 mos.)	Average (12-18 mos.)	Late (over 18 mos.)	Don't know
Speaking 2-3 word sentences:	Early (9-17 mos.)	Average (18-24 mos.)	Late (over 2 yrs.)	Don't know
Toileting:	Early (1-2 yrs.)	Average (2-3 yrs.)	Late (over 3 yrs.)	Don't know

*Age-range information from Centers for Disease Control and Prevention (CDC)

Does your child have difficulty with small motor skills such as _____ coloring _____ printing _____ cutting with scissors
_____ catching a ball? If checked explain: _____

Does your child have difficulty with large motor skills such as _____ walking _____ running smoothly
_____ climbing stairs _____ riding a bicycle? If checked explain: _____

Does your child have difficulty understanding directions or remembering what he/she has been told? If yes, explain:

Does your child have difficulty speaking clearly or finding words to express himself/herself? If yes, explain:

Has your child received any early intervention services (e.g., First Steps)? ___ Yes ___ No
Which of the following? _____ Speech therapy _____ Occupational therapy (OT) _____ Physical therapy (PT)
_____ Developmental intervention (DI) _____ Other: _____

Health and Wellness

Does the family have a history of any of the following?
___ Alcohol or other drug abuse ___ Anxiety disorder ___ Depression ___ Bipolar disorder ___ Autism
___ Learning/Reading problems ___ Behavioral difficulties ___ Other: _____
___ Attention Deficit Hyperactivity Disorder/Attention Deficit Disorder (ADHD/ADD)

The child's overall health is: ___ Good ___ Fair ___ Poor

How many hours of sleep does your child get a night? _____

Does your child currently have any problems sleeping? ___ Yes ___ No (If yes, specify below)
___ Difficulty falling asleep ___ Wakes too early ___ Nightmares ___ Loud snoring
___ Awakens during night ___ Restless sleeper ___ Sleep apnea ___ Bedwetting

Does your child have a pediatrician/primary care provider? ___ Yes ___ No
Doctor's name: _____

When was your child's last checkup? _____
Any significant findings? ___ Yes ___ No (If yes, please explain) _____

Medication	Dosage	Reason

How are your child's relationships with the following? (Specify *good/fair/poor*)

Parents: _____ Other adults: _____ Siblings: _____ Peers: _____

What are your child's regular chores/household responsibilities? _____

What forms of discipline and behavior management are used with your child? Please indicate frequency.

Discipline/Behavior Management	Often √	Sometimes √	Rarely √
Time-out			
Spanking			
Loss of privileges			
Behavior chart/Rewards system			
Extra chores			
Grounding			
Other (Please describe)			

How does your child usually react to discipline? ___Complies ___Complains

___Does not comply and resists ___Indifferent or passive attitude ___Other: _____

Has your child experienced any of the following stressful events within the past 12 months?

(Check if applicable)

___Parents divorced or separated ___Student changed schools ___Parent changed or lost job

___Custody change ___Family moved ___Family financial problems

___Family accident or illness ___Homelessness

___Death in family _____

___Addition of family member _____

___Other (Please describe): _____

Is there a history or suspicion of physical abuse? ___Yes ___No Sexual abuse: ___Yes ___No

Emotional abuse? ___Yes ___No Neglect? ___Yes ___No

Is there a history or suspicion of drug/alcohol/substance abuse by the student? ___Yes ___No

(If yes, please explain): _____

Has your child ever made comments about wanting to harm him/herself or others? ___Yes ___No

(If yes, please explain) _____

Has your child been in trouble with the police or involved in the court system? ___Yes ___No (If yes, please

explain) _____

Please check the following that describe your child:

- | | | | |
|--------------------------|-----------------------------|---|-----------------|
| ___Caring | ___Imaginative | ___Confident | ___Responsible |
| ___Rude/Back-talks | ___Creative | ___Excessive energy | ___Athletic |
| ___Angry/Hot-tempered | ___Clowns around | ___Daydreams | ___Independent |
| ___Acts immature for age | ___Lazy | ___Frequently cries | ___Friendly |
| ___Often argues | ___Poor peer relationships | ___Oversensitive | ___Lazy |
| ___Physically aggressive | ___Good peer relationships | ___Generally happy | ___Poor Manners |
| ___Lies | ___Nervous nature | ___Generally unhappy | ___Low energy |
| ___Steals | ___Feeling of worthlessness | ___Lacks self-confidence | ___Shy |
| ___Destructive | ___Funny | ___Perfectionist | ___Talented |
| ___Moody | ___Poor choice of friends | ___Helpful | ___Competitive |
| ___Self-destructive | ___Lonely/Withdrawn | ___Excessive interest in sexual matters | |

In which of these areas would you like to see you child improve? _____

Laurel County Schools

Behavior Observation

School: _____

Name: _____ Date of Birth: _____ Age: ___ Yrs. ___ Mo. Grade _____

Date: _____ Teacher: _____ Subject: _____

Observer: _____ Environment (Where is the observation taking place?) _____

Purpose of the Observation: ___ Consultation ___ Evaluation ___ Re-evaluation

Beginning Time: _____ Ending Time: _____ Total Observation Time: _____

Area of Concern: (Target behavior of concern): _____

Task assigned by the teacher for the student to perform: _____

Observation Method to be used:

- A ___ Interval recording of targeted or academic engaged time
- B ___ Frequency of target behavior
- C ___ Duration of target behavior
- D ___ ABC method
- E ___ Anecdotal

A. Interval Recording: (Use of stopwatch or watch with second hand)

- Interval length: ___ 15 seconds ___ 20 seconds ___ 30 seconds ___ other
- ___ Academic engaged time (on task)
- ___ Targeted Behavior (e.g. out of seat, verbal interruptions)

Mark “+” when the student is on task or when the targeted behavior occurs. Mark “-” when the student is off task or the target behavior does not occur.

Student											
Peer											

Student											
Peer											

Student											
Peer											

% of “+” responses for student _____ % of work completed by the student _____
 % of “+” responses for peer _____ % of work completed by the student _____

Observer’s Comments _____

In the teacher/supervisor/caregiver’s judgment, was the student’s behavior typical? ___ Yes ___ No

Explain: _____

B. Frequency recording of targeted behavior. Record the number of times the behavior occurs during a specific time period.

Time period _____ minutes Frequency for student _____ Frequency for peer _____

Laurel County Schools

Description of Assessment Procedures used as a Basis for Proposed or Refused Actions

Directions: This form shall be utilized along with the conference summary form in giving parents a description of each evaluation procedure, test, record, or report that was used as a basis for the proposed or refused action, such as eligibility decision making. Indicate by ✓ in the block provided, any test or procedure utilized in the ARC's decision making process.

TEST/PROCEDURE	DESCRIPTION		
	<u>PURPOSE</u>	<u>AGE RANGE</u>	<u>TYPE</u>
<input type="checkbox"/> Adaptive Behavior Assessment System – 2 nd Edition (ABAS-II)	Measures adaptive behavior of an individual	Birth-89	Provides a comprehensive, norm referenced assessment of adaptive skills for individuals birth to 89 years. The comprehensive range of specific adaptive skills and broad adaptive domains corresponds to the specifications identified by the American Association on Mental Retardation and the DSM-IV-TR. There are five rating forms permitting parents, teachers, caregivers or others who are familiar with the individual's daily activities. Scores are reported in standard format, (M=100, SD =15) in ten domains. Takes approximately 20 minutes to complete
<input type="checkbox"/> Adaptive Behavior Evaluation Scale-Revised (ABES-R)	To measure the adaptive behavior of an individual	Ages 4 yrs. 6 mths.-21 yrs.	A 60 item behavioral rating scale that is completed by a caregiver. Provides standard scores (M=100, SD=15) in 10 domains. Takes approximately 20 minutes to complete.
<input type="checkbox"/> Conners' Parent and Teacher Rating Scales	This test is designed to measure hyperactivity and other patterns of a child's behavior.	Ages 3-17 yrs. Parent Rating Scale; 4-12 yrs. Teacher Rating Scale	This is a rating scale completed by parents and teachers to evaluate the behaviors of children. The scale evaluates conduct problems, hyperactivity, inattentive-passive, anxious-passive, antisocial, daydream attention problems, emotional overindulgent, anxious-shy, conduct disorders, hyperactive-immature, learning problems, obsessive compulsive, psychosocial, restless-disorganized, anxiety, and impulsive-hyperactive behaviors.
<input type="checkbox"/> Functional Behavior Assessment (FBA)	Analysis of the purpose of maladaptive student behavior(s)	Any age	Gather data across time and setting about behavior incidents occurring, antecedents and consequences in order to develop an appropriate behavior intervention plan and/or IEP goals and objectives that can teach the student socially appropriate replacement skills
<input type="checkbox"/> Functional Visual Assessment (FVA)	Indication of capacity in which vision is used for everyday tasks	Any age	Evaluation completed by a teacher of the Vision Impaired concerning use of near and distance vision to complete tasks, visual fields, muscle balance and eye responses.
<input type="checkbox"/> Kaufman Assessment Battery for Children, Second Edition (KABC-II)	To assess cognitive development	Ages 3-18	An individually administered measure of the processing and cognitive abilities of children and adolescents. Takes 25 to 60 minutes or 30 to 75 minutes to administer, depending on the child's age.
<input type="checkbox"/> Kaufman Test of Educational Achievement –Second Edition (KTEA-II)	To assess students on achievement skills	Ages 6 yrs-18 yrs. 11 months	An individually administered, norm referenced standardized test that measures reading, math, written language and oral language skills. Also contains six reading-related subtests for additional skills information. Takes about 60-75 minutes to administer.
<input type="checkbox"/> Learning Media Assessment (For persons with vision impairments)	Determine primary mode of communication		Evaluation completed by a teacher of the Vision Impaired concerning oral and silent reading, near reading and writing, distance reading and writing with a variety of media: Braille, regular and large print.
<input type="checkbox"/> Motor-Free Visual Perception Test-Revised	Visual perceptual processing ability	Ages 4yrs-11yrs. 11 moths	5 types of visual perception: spatial relations, visual discrimination, figure ground, visual closure and visual memory. Takes 15-20 min. to administer.

<input type="checkbox"/> Reading-Free Vocational Interest Inventory	Determine vocational interests	Ages 13 yrs. and older	Students rate a variety of 11 interest areas and profile results. No reading ability is required.
<input type="checkbox"/> Scales of Independent Behavior (SIB)-Revised	Adaptive behavior skills for everyday living	Ages 3 mths.-44 yrs.	A behavioral rating scale completed by a caregiver (i.e., teacher and/or parent) Less than 1 hour to administer.
<input type="checkbox"/> Social and Developmental History	Determine if developmental and social history is significant	Any age	Parent is interviewed about developmental milestones and other historical information of significance to the student's development.
<input type="checkbox"/> Vineland Adaptive Behavior Scales-Second Edition (Vineland-II)	To assess general adaptive behaviors	Ages newborn-18 yrs. 11 mths.	Assesses the social competence of individuals ages birth to 18years 11 months of age. The assessment is completed by an individual familiar with the student in the areas of communication, daily living skills, socialization and motor. Takes 20- 60 minutes to administer.
<input type="checkbox"/> Wechsler Adult Intelligence Scale-3 rd Edition (WAIS-III)	To assess the intellectual ability of adults	Ages 16 yrs. and up	A 14 subtest assessment measure grouped into Verbal and Performance Scales. Individually administered. Takes approximately 1½ hours to administer.
<input type="checkbox"/> Wechsler Intelligence Scale for Children-Fourth Edition (WISC-IV)	To measure a child's intellectual ability	Ages 6-16 yrs.	Individually administered instrument for assessing cognitive ability. Consists of 10 core subtests. Approximately 1 hour to administer.
<input type="checkbox"/> Wechsler Individual Achievement Test-Second Edition (WIAT-II)	Assesses achievement	Ages 5 yrs.-19yrs. 11 mths.	Eight subtests of achievement (Basic reading, mathematics reasoning, spelling, reading comprehension, numerical operations, listening comprehension, oral expression and written expression). 1 ½-2 hours to administer
<input type="checkbox"/> Wechsler Preschool and Primary Scale of Intelligence-Third Edition (WPPSI-III)	To assess the intelligence of young children	Ages 3-7 yrs.	Individually administered instrument for assessing cognitive ability in younger children. Consists of 7 core subtest. Takes approximately 90 minutes hour to administer.
<input type="checkbox"/> Woodcock-Johnson Psycho-Educational Battery-Third Edition (WJ-III)	To measure cognitive abilities, scholastic aptitudes, and achievement	Ages 2-95 yrs.	A 27 subtests assessment measure that covers cognitive ability, achievement, and interest. Individually administered. Not all areas are tested at every age. Approximately 2 hours to administer.
<input type="checkbox"/> Woodcock Reading Mastery Tests-Revised (WRMT-R),	To measure important aspects of reading ability	Ages 5-75 yrs.	6 subtests assessment measure consisting of four reading achievement tests and two readiness tests. Individually administered. Approximately 40 to 45 minutes to administer.
<input type="checkbox"/> Developmental Test of Visual Perception-Second Edition (DTVP-2)	Measures both visual perception and visual-motor integration skills.	Ages 4-10	Consists of 8 subtests that can assist in documenting the presence and degree of visual perceptual or visual-motor difficulties in children. Takes approximately 45 minutes to administer.
<input type="checkbox"/> Battelle Developmental Inventory-Second Edition (BDI-II)	Screening, diagnosis, and evaluation of early development		Used for Identification of Children with Disabilities <ul style="list-style-type: none"> ○ Speech/Language impairments and delays ○ Social/Emotional developmental delays ○ Cognitive delays and mental retardation ○ Motor impairments and delays ○ Learning Disabilities ○ Hearing impairment and deafness ○ Other health impairments <ul style="list-style-type: none"> • Evaluation of Groups of Children with disabilities in Early Education Programs • Assessment of the Typically developing Child • Assessment (Screening) for school readiness • Program evaluation for accountability Takes 1-2 hours to administer complete test
<input type="checkbox"/> Kaufman Survey of Early Academic and Language Skills (K-SEALS)	Measures: language and academic readiness	3 years 0 months – 6 yrs. 11 months	Description: Standardized measure of children's language, (receptive and expressive) pre-academic, (knowledge of numbers, number concepts, letters and words) and articulation. Takes 15 -25 minutes to administer and yields standard scores (M = 100; SD = 15).

<input type="checkbox"/> Vineland Social-Emotional Early Child Scales, (Vineland SEEC)	Measures: Social and emotional functioning for young children	Birth through 5 years, 11 months	Description: The scales assess the skills of paying attention, entering into intentional social interaction, understanding expressions of emotion, constructing and observing relationships and developing self-regulation behaviors. Comprised of three scales, (Interpersonal Relationships, Play/Leisure Time and Coping Skills – Also yields a Social-Emotional Composite. (M = 100, SD = 15).
<input type="checkbox"/> Gilliam Autism Rating Scale-Second Edition (GARS-2)	Rating scale for Suspected autism	Ages 3-22	Norm-referenced instrument that assists teachers, parents, and clinicians in identifying and diagnosing autism in individuals ages 3 through 22 and in estimating the severity of the child's disorder
<input type="checkbox"/> Comprehensive Test of Phonological Processing (CTOPP)	Measures: Phonological processing skills associated with reading success	Ages 5-24	Assesses phonological awareness, phonological memory, and rapid naming to help identify reading disabilities.
<input type="checkbox"/> Gray Oral Reading Tests-Fourth Edition (GORT-4)	Measures: Oral reading skills including fluency, rate, accuracy and comprehension	Ages 6-18	Objective measure of growth in oral reading and an aid in the diagnosis of oral reading difficulties.
<input type="checkbox"/> Asperger Syndrome Diagnostic Scale (ASDS)	Rating scale for suspected Asperger Syndrome	Ages 5-18	Instrument provides an AS Quotient that reveals the likelihood that an individual has Asperger Syndrome
<input type="checkbox"/>			
<input type="checkbox"/>			

The Laurel County Board of Education does not discriminate on the basis of race, color, national origin, sex, disability, age, religion or marital status in training activities or employment practices in accordance with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, Title VII of the Civil Rights Act of 1964, and the Americans with Disabilities Act of 1990.

Laurel County Schools

Description of Communication Tests/Procedures the District Used as a Basis for Proposed or Refused Actions

Directions: This form shall be utilized along with the Proposed and Refused Notice (conference summary) form in giving parents a description of each evaluation procedure, test, record, or report that was used as a basis for the proposed or refused action, such as eligibility decision making. Check any test or procedure utilized in the decision-making process.

TEST/PROCEDURE	Purports to Measure:
<input type="checkbox"/> Assessing Semantic Skills Through Everyday Themes (ASSET)	Semantics 3-9 years
<input type="checkbox"/> Assessment of Phonological Processes	Speech sounds (Phonology) for all age groups
<input type="checkbox"/> Battelle Developmental Inventory	Developmental assessment for young children which measures ability in the following domains: cognitive, motor, and communication.
<input type="checkbox"/> Behavioral Observations	Documentation of a current pattern of behavior over time and across settings, including targeted behaviors, as identified in the referral, conducted in the environment in which the targeted behaviors occur, and by personnel, other than a child's teacher, specially trained in observation techniques and methods.
<input type="checkbox"/> Boehm Test of Basic Concepts (Preschool)	Concepts
<input type="checkbox"/> Bracken Basic Concept Scale	Language concepts 2 ½ -8 years
<input type="checkbox"/> CAP Clinical Assessment of Articulation & Phonology	Articulation & phonology 5 + years
<input type="checkbox"/> Clinical Evaluation of Language Fundamentals	Language processing 3-6; 11 years
<input type="checkbox"/> Clinical Evaluation of Language Fundamentals-4	Receptive-Expressive language K-12th grade
<input type="checkbox"/> Comprehensive Assessment of Spoken Language (CASL)	Concepts, Syntax, Pragmatics 3-21 years
<input type="checkbox"/> Comprehensive Receptive & Expressive Vocabulary Test	Measures vocabulary 4-17; 11 years
<input type="checkbox"/> Expressive One Word Picture Vocabulary Test-R	Labeling of vocabulary
<input type="checkbox"/> Fullerton Language Test of Adolescent Lang.	Understanding and use of language 11-Adult
<input type="checkbox"/> Goldman-Fristoe Test of Articulation-2	Speech sounds (Articulation) 2-16 years
<input type="checkbox"/> Kaufman Speech Praxis Test	Apraxia (Speech) 2-6 years
<input type="checkbox"/> Khan-Lewis Phonological Analysis	Speech (Phonology) 2-5 years
<input type="checkbox"/> Language Processing Test	Understanding spoken language 5-11 years
<input type="checkbox"/> Learning Accomplishment Profile	assesses these domains: Birth-3 years
<input type="checkbox"/> Lindamood Auditory Conceptualization Test	Auditory perception skills K-12th grade
<input type="checkbox"/> Miller-Yoder Language Comprehension Scale	Language Comprehension 4-8 years
<input type="checkbox"/> Photo Articulation Test	Speech sounds (Articulation)
<input type="checkbox"/> Preschool Language scale-4	Expressive language 3-6 years
<input type="checkbox"/> Receptive One Word Picture Vocabulary Test-R	Comprehension of vocabulary 12-15;11 years
<input type="checkbox"/> Slosson Articulation Language Test With Phonology (SALT-P)	Articulation/language/phonology 3-5; 11 years
<input type="checkbox"/> Structured Photographic Expressive Language Test	Morphology & Syntax 4; 0-9;5 years
<input type="checkbox"/> Stuttering Severity Instrument	Stuttering
<input type="checkbox"/> Test of Language Development Primary/Intermediate (TOLD)	Receptive/Expressive Language
<input type="checkbox"/> Test of Pragmatic Language (TOPL)	Pragmatics 5-13 years
<input type="checkbox"/> The Listening Test	Assess Listening Skills in Classroom 6-11 years
<input type="checkbox"/> The Word Test	Expressive vocabulary & meaning 7+ years
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____

A copy must be provided to the parents and a copy attached in the due process folder.

Laurel County Schools Medical Information Form Confidential

Date: _____

Dear Health Care Provider:

_____ School needs your assistance in planning educational services for

_____. **We are requesting a current educationally relevant medical evaluation**

(Student's full name)

report from you. Please complete the information below and return it to me at the following address:

If you have any questions, feel free to contact me at _____ . Thank you for your time and attention
(Phone number)
to this matter.

Medical Information (MAKE SURE ALL AREAS ARE COMPLETED)

Name: _____ Age: _____ DOB: _____ Gender: _____

School: _____ Parent/Guardian: _____

Diagnosis and nature of impairment: _____

Medications and dosages, including purpose: _____

Please check any of the following areas that the student may have difficulty with which may adversely affect academic, social, or physical functioning (in the areas of vitality, strength, and/or alertness):

- | | | |
|---|---|--|
| <input type="checkbox"/> physical strength | <input type="checkbox"/> completing tasks | <input type="checkbox"/> intellectual ability |
| <input type="checkbox"/> talking excessively | <input type="checkbox"/> attentiveness | <input type="checkbox"/> organizational skills |
| <input type="checkbox"/> ability to be perceptive | <input type="checkbox"/> concentration | <input type="checkbox"/> restlessness |
| <input type="checkbox"/> remain seated | <input type="checkbox"/> following instructions | <input type="checkbox"/> awaiting turn |
| <input type="checkbox"/> interrupting | <input type="checkbox"/> other: _____ | |

Is further medical evaluation being considered for any specific area? Yes ___ No ___ If so, please specify: _____

How can school personnel facilitate ongoing communication with you? _____

Signature of Qualified Health Care Provider: _____

Name: _____ Title: _____ Date: _____

Agency Name: _____

Address: _____

Telephone Number: _____ Fax Number: _____

Laurel County Schools

Service Plan for Private School Students with Disabilities

School Year: _____

Student Information	
Student's Full Name:	Date:
Date of Birth:	SSID:
Gender:	Race/Ethnicity:
Grade:	Disability:
Student Representative Information	
Parent/Guardian:	
Home Address:	Street:
City	State: Zip:
Home Phone:	Work Phone:

Kentucky Administrative Regulations: 707 KAR 1:370

- A private school child with a disability does not have the individual right to receive all of the special education and related services that he/she would receive if enrolled in a public school.
- A private school child with a disability may receive a different amount of services than children with disabilities enrolled in public schools. These services are specified on a Service Plan, not an IEP.
- When a parent decides to place his child with a disability in a private school after the District offered a free and appropriate public education the District is not required to pay for the cost of the private education.
- Parents may file a state-level complaint if the District failed in its responsibilities to evaluate and determine eligibility for private school children with disabilities. Parents may not file state-level complaints on other IDEA issues, such as failure to provide services contained in a Service Plan.
- Services provided to a private school child with a disability may be provided at a site determined by the District.

District of Residence:
District of Placement:
Private School Placement:
Home School:

Name:

DOB:

Date of ARC:

Service Plan

1. *The Admissions and Release Committee (ARC) met on _____ and offered the parents of this child an Individual Education Program (IEP) that includes specially designed instruction and related services determined to be required by the child to advance appropriately toward attaining annual goals and to be involved and progress in the general curriculum.*
2. *The parents elected to reject the IEP and a free and appropriate public education (FAPE) and enroll, or seek to enroll this child in a private school at their expense.*
3. *Therefore, the child is not entitled to the full range of services that he/she may require if attending public school. Rather, in accordance with federal and state regulations, the ARC has determined that this child shall receive the following services.*

Service Plan Dates

Beginning Date:

Ending Date:

Annual Goal

Benchmarks

1.

2.

3.

Information about Services

Type of Service	Frequency	<u>Location of Service</u>	<u>Duration</u>	Person Responsible

Name:

DOB:

Date of ARC:

Signatures signify participation in the conference to develop the Service Plan:

District Representative	
Private School Representative	
Child's Teacher	
Special Education Teacher/ Consultant	
Other	

As the **parent** or **guardian** of this child, I have met with the Admissions and Release committee:

- I have been offered and Individual Education Program for my child but I choose to voluntarily enroll my child in a private school educational placement at my expense
- I understand that by rejecting the IEP and enrolling my child in a private school doing so, I do not have the right to the full range of services available to my child that would be available if the child was enrolled in a public school
- I understand that the rights afforded to children with disabilities and their parents under the Individuals with Disabilities Education Act (IDEA) apply only to complaints that the District failed to meet its responsibilities under *Child Find* to evaluate and determine eligibility. Other IDEA rights guaranteed to public school children and their parents do not apply to private school children and their parents.

Parent(s) or Guardian(s):

Service Plan Review

Date:

Progress Notes

Proposed Action: Continue Service Plan Discontinue Service Plan Develop New Service Plan

Signatures signify participation in the conference to review the service plan:

Parent(s)/Guardian(s)	
District Representative	
Child's Teacher	
Special Education Teacher/ Consultant	
Private School Representative	
Other	

Laurel County Schools

Consent for Special Education and Related Services

Name: _____ DOB: _____

SSID#: _____ Date: _____

I give consent for my child/student to receive special education and related services. I have received a copy of the Conference Summary Report informing me in writing of the reasons for this action. I understand that my consent is voluntary and that I may revoke consent at any time. Should I revoke consent it is not retroactive. I have been informed in my native language or other mode of communication as explained in the procedural safeguards notice that I have received. The special education and related services will be provided as described in the Individual Education Program (IEP). I understand that the IEP will be reviewed periodically but no less than annually.

I understand that records will not be released without my signed and written consent except under the provisions of the Family Education Rights and Privacy Act (FERPA). This law allows the release of educational records to a public school or educational agency as described in the sending district's policies and procedures.

Signature: _____

Date: _____

Laurel County Schools

Participation Guidelines for the Kentucky Alternate Assessment Program

Student Name: _____ School: _____

Date of Birth: _____ Disability: _____

Date ARC Accepted Student Participation in Alternate Assessment: _____

Date of Annual Participation Evaluation Review _____

(Must occur within 12 months of the date listed above):

Indicate all available accommodations to be used as part of the student's daily learning strategies by checking in the box below:

Readers

Scribes

Paraphrasing

Prompting/Cueing

Manipulative

Extended Time

Use of Technology

Interpreters

Braille

Positive Behavior Supports

Other (specify): _____

The Admissions and Release Committee has determined and verified that the student meets all of the following criteria:

Y N Student's IEP is current.

Y N Has the student's current level of communication been determined through observations and evaluations? (check below)

Student uses verbal or written words, signs, Braille, or language-based augmentative systems to request, initiate, and respond to questions, describe things or events, and express refusal.

Performance Dimension A: Attainment

Student uses intentional communication, but not at a symbolic language level: Student uses understandable communication through such modes as gestures, pictures, objects/textures, points, etc. to clearly express a variety of intentions.

Performance Dimension A: Attainment

Student communicates primarily through cries, facial expressions, change in muscle tone but no clear use of objects/textures, regularized gestures, pictures, signs, etc. to communicate.

Performance Dimension B: Progress

Student alerts to sensory input from another person (auditory, visual, touch, movement) **BUT** requires actual physical assistance to follow simple directions. Or the student's response to sensory stimuli (e.g., sound/voice; sight/gesture; touch; movement; smell) is unclear.

Performance Dimension B: Progress

Y N Current and longitudinal data across setting in all academic areas include progress monitoring (IEP data and progress in general education curriculum) **AND** adaptive behavior(s) have been reviewed and documents the Admissions and Release Committee decision.

Indicate Data Sources and Dates Below:

Y N Current data School year: _____

Y N Longitudinal data (across time and settings) School year(s): _____

Location of Documentation to Support Admissions and Release Committee Decision (check all that apply)

- IEP
- Due Process Folder
- Classroom Observation
- Diagnostic Assessment
- Informal Assessment
- Evidence of Interventions (academic and behavioral)
- Student Work Folder (evidence of general core curriculum student work)
- Other: _____

Comments (Optional): _____

Y N Demonstrates cognitive ability and adaptive behavior which prevent completion of the Program of Studies without modifications that exceed the accommodations allowed in the general assessments as described in the **Inclusion Document** and set forth in 703 KAR5:070.

Location of Documentation to Support Admissions and Release Committee Decision (check all that apply)

- IEP
- Due Process Folder
- Classroom Observation
- Diagnostic Assessment
- Informal Assessment
- Evidence of Interventions (academic and behavioral)
- Student Work Folder (evidence of general core curriculum student work)
- Other: _____

Comments (Optional): _____

Y N The student’s inability to complete the Program of Studies is not the result of excessive or extended absences, or primarily the result of visual disabilities, emotional, behavioral disabilities, specific learning disabilities, communication disorder, or social, cultural, and economic differences and those identified as English Language Learner (ELL).

Location of Documentation to Support Admissions and Release Committee Decision
(check all that apply)

- IEP
- Due Process Folder
- Classroom Observation
- Diagnostic Assessment
- Informal Assessment
- Evidence of Interventions (academic and behavioral)
- Student Work Folder (evidence of general core curriculum student work)
- Other: _____

Comments (Optional): _____

Y N Current adaptive behavior requires extensive, individualized direct instruction across multiple settings, utilizing intensive accommodations, modifications and assistive technology to access the Program of Studies.

Location of Documentation to Support Admissions and Release Committee Decision
(check all that apply)

- IEP
- Due Process Folder
- Classroom Observation
- Diagnostic Assessment
- Informal Assessment
- Evidence of Interventions (academic and behavioral)
- Student Work Folder (evidence of general core curriculum student work)
- Other: _____

Comments (Optional): _____

Y N At this time the Admissions and Release Committee members agree that the student meets the Participation Guidelines for Kentucky’s Alternate Assessment Program. All data sources referenced can be verified with supporting documentation. Eligibility is determined on an annual basis and **must** occur in order to determine future participation in Alternate Assessment. The student will be excluded from other state-required assessment components for the _____ school year.

Should the Admissions and Release Committee determine the student continues to meet Alternate Assessment Participation Guidelines during high school, the student will be considered to be on a non-diploma track. This means the student would not be able to earn a high school diploma and would therefore receive a Certificate of Attainment as stated in 704 KAR 3:305.

A certificate of attainment is not a traditional high school diploma.

Y N The Admissions and Release Committee has explained the difference between a Certificate of Attainment and a High School Diploma.

Parent Initial _____

ARC Chairperson Initial _____

Y N **The parent was provided a copy of the Alternate Assessment Parent Guide with an opportunity to ask questions.**

Prior to the ARC _____

During the ARC _____

Y N **I understand that by signing this, my child will be participating in the Alternate Assessment for the _____ school year and the participation guidelines will be reviewed on an annual basis.**

Y N **I understand that prior to my child being considered for placement into Performance Dimension B: Progress, an Admissions and Release Committee must convene to develop a communication plan as part of the student’s Individualized Education Plan. Documentation of this decision is required on the IEP.**

Parent Signature

ARC Chairperson Signature

Participation in the Kentucky Alternate Assessment Program is stated in the IEP and based on the annual review.

Comments (Optional): _____

If the student meets Participation Guidelines for the Kentucky’s Alternate Assessment, refer to the chart below to determine appropriate grade placement.

If by October 1 of the current school year the student is no older than:	The student’s grade assignment will be:
8-10 years old	3
9-11 years old	4
10-12 years old	5
11-13 years old	6
12-14 years old	7
13-15 years old	8
14-16 years old	9
15-17 years old	10
16-18 years old	11
17-19 years old	12

Indicate the appropriate grade level the student will be assigned to for this school year:

Grade _____

ARC Members Signatures:

Date:

ARC Chairperson

Special Education Teacher

General Education Teacher

Parent/Guardian

Parent/Guardian

Other

Documentation on decision of how the student will participate in the alternate assessment is required on the IEP.

Additional Comments:

Laurel County Schools

Transition Activities

School: _____

Name: _____ SSID#: _____ Date: _____

This form must be completed each time a special education student enters a new level of educational activities (elementary, middle school, high school, etc.) as well as when a student exits special education to regular education or graduates from high school. Check as appropriate.

Instructional Transition:

- Entering preschool from _____
- Transition from preschool to kindergarten
- Transition from elementary school to middle school
- Transition from middle school to high school
- Transition from high school to post-graduation activities

Programmatic Transition:

- Student exits from special education to regular education
- Student transfers from one placement setting to another (e.g. school to homebound, day to residential program, special class to resource)
- Student graduates from high school to post-graduation activities

Transition Activities:

- Student participated in orientation activities
- Student participated in pre-registration activities
- Student's IEP was developed cooperatively by the appropriate ARC committee members from the exiting school and the receiving school
- Student records were reviewed by exiting and receiving teachers and deemed to be complete
- Student records incomplete. Missing Data: _____

Special education teacher (exiting school)

Special education teacher (receiving school)

District Representative (exiting school)

When Student Exits from Special Education to Regular Education:

Regular education placement: _____ Date begins: _____

Course of study provided: _____

Laurel County Schools
Developmental/Social/Health History Update
(Re-evaluation)

School: _____

Date: _____

Name: _____ SSID#: _____ Grade: _____

Date of Birth: _____ Age: _____ Parents/Guardian: _____

Person giving information: _____ Relationship to child: _____

State your present concerns about your child: _____

How do you feel your child can best be helped? _____

Do you feel your child's current educational program is appropriate? _____ Yes _____ No

What are your child's strengths? _____

1. Marital status of parents _____ married _____ divorced _____ separated _____ single
(If divorced or separated) How was the separation/divorce handled by your child?

(If divorced or separated) Does your child see the other parent? _____ never _____ often
_____ sometimes

Medical Update:

1. Date of last physical examination: _____ Results: _____

Date of last vision examination: _____ Results: _____

Date of last hearing examination: _____ Results: _____

2. List any childhood diseases, operations, and/or accidents your child has had: _____

3. Is your child on medication? _____ Yes _____ No If yes, why has the medication been prescribed? Indicate type, dosage and administration schedule: _____

(If yes, do you see a difference in your child's behavior when off the medication?)

_____ Yes _____ No

If yes, what is the difference? _____

4. Is your child currently receiving professional treatment (medical or psychological) of any kind? _____

Social Update:

1. Temperament of your child: ___ shy ___ withdrawn ___ easy-going ___ difficult

2. Check the following behaviors that describe your child

- | | | |
|---------------------------|---------------------------|-----------------------------------|
| ___ self-conscious | ___ lacks self confidence | ___ modest |
| ___ feels inferior | ___ brags, boasts | ___ concerned with bodily changes |
| ___ short attention span | ___ distractible | ___ sulks and pouts |
| ___ fails to finish tasks | ___ depressed | ___ rapids mood swings |
| ___ argues, quarrels | ___ changeable | ___ overactive |
| ___ unusual fears | ___ restless | ___ listless |
| ___ day dreams | ___ impulsive | |

3. Describe any nervous tendencies, such as nail-biting, bed-wetting, or tics.

4. Describe your child’s relationship with his/her brothers and sisters.

5. Describe choice of friends (How many, what age, do they get along well).

6. Describe social opportunities and development (church involvement, team sports, clubs, involvement with family etc.)

7. Favorite toys, past times, hobbies:

8. How much TV does your child watch daily? ___ hours.

9. How does your child feel about school?

10. List any other information that is relevant to your child’s school problems.

Thank you for sharing this information about your child.

Laurel County Schools

Child Find In-Take Form

Date of call: _____ Time of call: _____

Do you want this call to be kept confidential? Yes No

Name of caller: _____ Phone #: _____

Relationship of caller: _____

Address of caller: _____

Child: _____ Age: _____ Gender: _____

Address: _____

County: _____ School District: _____

Father: _____ Mother: _____

Address: _____ Address: _____

Does child live with parents? Yes No Are parents aware of this call? Yes No

If no, with whom does child live? _____

Address: _____ Relationship to child: _____

How did you hear about this phone number? _____

What type of problem is the child having or do you have any idea what the child needs?

Has the child ever attended school? Yes No If yes, when? _____ Where? _____

If no, why not? _____

Has the child's family ever received any help for this problem? Yes No If yes, please describe: _____

May we contact you for further information? Yes No

Referred to: _____

(Signature of Intake Person)

Information to be completed by Lisa Robinson:

Please check who made the call: _____

Date received: _____

Action taken: _____

Recommendation: _____

Signature _____ Date: _____

***If information is taken by anyone other than Lisa Robinson on a preschool child, forward form to her at the G.C. Garland Administration Building.

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Laurel County Schools
Notice Transfer of Consent (Parent)

School: _____

Date: _____

Student's Name: _____ DOB: _____ SSID# _____

Dear Parents:

According to the Family Education Rights and Privacy Act (FERPA), "Whenever a student has attained eighteen years of age, the rights accorded to and the consent required of the parent transfers from the parent to the student." Also, in accordance with 707 KAR 1:340 Section 9 (6) and 707 KAR 1:360 Section 10, "When a child with a disability reaches the age of majority (age eighteen), all rights under 707 KAR Chapter 1 shall transfer from the parents to the child, unless the child has been declared incompetent under KRS Chapter 387 in a court of law.

The purpose of this letter is to notify you that rights regarding your child's educational rights and records will transfer to your child at age eighteen, unless you can provide the Laurel County School District with a court order appointing you as the legal guardian of your child in educational matters after your child attains age eighteen.

If you have further questions, please contact me at _____ or the Director of Special Education at 606-862-4611.

Sincerely,

Principal's Name

Laurel County Schools
Notice Transfer of Consent (Student)

School: _____

Date: _____

Student's Name: _____ DOB: _____ S.S.I.D.#: _____

Dear _____:

According to the Family Education Rights and Privacy Act (FERPA), "Whenever a student has attained eighteen years of age, the rights accorded to and the consent required of the parent transfers from the parent to the student." Also, in accordance with 707 KAR 1:340 Section 9 (6) and 707 KAR 1:360 Section 10, "When a child with a disability reaches the age of majority (age eighteen), all rights under 707 KAR Chapter 1 shall transfer from the parents to the child, unless the child has been declared incompetent under KRS Chapter 387 in a court of law.

The purpose of this letter is to notify you that when you reach the age of eighteen, the age of majority under state law, all educational rights will transfer to you, unless the Laurel County School District has been presented with a court order appointing your parents as your legal guardian in educational matters.

If you have further questions, please contact me at _____ or the Director of Special Education at 606-862-4611.

Sincerely,

Principal's Name

Laurel County Schools

Request to Inspect and Review, Amend, Amendment Hearing or Destroy Special Education Records School: _____

Student's Full Name: _____ DOB: _____ S.S.I.D#: _____

Check One:

- Request to inspect and review special education records
- Request amendment of special education records
- Request for record amendment hearing
- Request destruction of special education records

I understand special education records will be maintained for seven years after graduation. They may later be needed for social security benefits or other purposes. The school district may maintain without time limitations a permanent record of a student's name, address, phone number, grades, attendance record, classes attended, grade level completed and year completed.

If this request is for an amendment or hearing, describe below the specified information in the records for which the amendment is requested and the reason for the request.

I certify that I am the parent or legal guardian having custody of the student above, or that I am at least 18 years of age making the above request concerning my own school records.

Signature of Parent, Guardian, or Student (18 years of age or older)

Date of Request

FOR SCHOOL USE ONLY

The above request was complied with on ____/____/____

The above request was denied on ____/____/____ (letter of explanation attached)

Signed: _____

Title: _____

Date: _____

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Laurel County Schools

Authorization for Release of Information of Students Records

To Whom It May Concern: _____ Date: ____/____/____

As Parent/Guardian of _____
Student's Name _____ Date of Birth _____

I authorize and approve the release of information concerning my child from the following school or agency:

I understand that the records affected are checked below, with the reason(s) for the requested release.

RECORDS	REASON
<input type="checkbox"/> All cumulative records	
<input type="checkbox"/> Attendance records only	
<input type="checkbox"/> Grade records only	
<input type="checkbox"/> Medical/Immunization	
<input type="checkbox"/> All special education records	
<input type="checkbox"/> Consent to Evaluate/Re-evaluate Form	
<input type="checkbox"/> Eligibility Report Form	
<input type="checkbox"/> Consent for Special Education and Related Services	
<input type="checkbox"/> Current Individual Education Plan (IEP)	
<input type="checkbox"/> Conference Summaries (team reports, notice of actions) documenting current status of child	
<input type="checkbox"/> Psychological Written Report	
<input type="checkbox"/> Standardized Achievement Test Data	
<input type="checkbox"/> Individual Learning Plan (ILP)	
<input type="checkbox"/> Other	

All records will be released to: School or Agency _____
Address _____
Attention: _____
Phone: _____

I understand that this authorization for release is voluntary and that I may revoke it at any time by my written notice. I understand that information disclosed by my authorization may be re-disclosed by this agency or individual only through the process set out in the Family Educational Rights and Privacy Act (FERPA).

Parent/Guardian Signature _____ Date _____

Student Signature 18 years of age or older _____ Date _____

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Laurel County Schools

Consent for Invitation to an Admissions and Release Committee (ARC) Meeting to Discuss Postsecondary Needs and/or Services

Student Name: _____ Date of Birth: _____ S.S. I.D. #: _____

I hereby authorize the invitation of this individual or agency to ARC meetings for the purpose of discussion of educational program and postsecondary needs and/or services for the above named student.

Name of Individual or Agency
Street Address
City, State, Zip Code
Phone Number

The specific information to be discussed, as it relates to postsecondary needs and services:

- Assessment reports psychological, psychiatric, educational
- Cumulative records including grades and attendance records
- Personality/interest/aptitude test scores
- Teacher and counselor observations and ratings
- Record of extra-curricular activities
- Medical/immunization records/treatment plan
- Special education records
- Progress data
- Individual Learning Plan (ILP)
- Other _____

I understand that this authorization for invitation is voluntary and that I may revoke it at any time by my written notice. I understand that information disclosed by my authorization may be re-disclosed by this agency or individual only through the process set out in the Family Educational Rights and Privacy Act (FERPA).

Parent/Guardian Signature _____
Date

Student Signature (18 years of age or older) _____
Date

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Laurel County Schools
Consent to Release Medical Information
School: _____
Date: _____

Name of Student: _____ DOB: _____

Address: _____

This will authorize the following doctor(s) or care providers:

To release the COMPLETE MEDICAL RECORDS for the child listed above between the dates of
_____ through _____.

Authorized to receive this information: _____

(Principal or School Name, Address & Telephone Number)

Re-disclosure: I understand that the information used and/or disclosed according to this authorization may no longer be protected by federal privacy law (also known as HIPAA) and the recipient of the health information may potentially re-disclose it. By my signature hereon, I, the undersigned, hereby authorize the above health care provider to use and/or disclose information from my _____ (give relationship), medical records. This authorization includes the use and/or disclosure of information concerning HIV testing or treatment of AIDS or AIDS-related conditions, any drug or alcohol abuse, drug-related conditions, alcoholism, and/or psychiatric/psychological conditions to the above mentioned entity(s). This authorization also allows the Laurel County Schools to re-disclose this information.

Note: Parental permission is no longer required when records are exchanged between school districts as requested by authorized school personnel (Family Education Rights and Privacy Act, Finn Rule on Educational Records, June 17, 1976, Vol. 41, page 24673).

Signature of Individual or Personal Representative

Date

Printed Name of Individual or Personal Representative

Relationship to child

Witness: _____

** This release also authorizes the Laurel County Board of Education to communicate information to noted medical professionals.

Laurel County Schools
Notice of Proposed Action/Refused Action

School: _____

Date: _____

Dear _____:

The Admissions and Release committee (ARC) met to discuss your child’s needs. You are a member of this committee and you were invited to attend. We are sorry that you could not be there. We are enclosing a copy of the conference summary report. The report describes the proposed and refused actions recommended by the committee, the reasons for these proposed or refused actions, and your rights as a parent. Also included are copies of necessary forms for your signature or information as described below:

Enclosures:

Parents’ Rights (Review and keep this information)

Conference Summary Report (Review and keep this information)

Consent to Evaluate (Review, sign and return to school)

Consent for Special Education and Related Services (Review, sign, and return)

Individual Education Program (Review and keep this information)

Transition Plan (Review and keep this information)

Re-Evaluation Information (Review, sign and return to school)

Other _____

Please review this information carefully. Return any necessary forms to your child’s school as soon as possible.

If you disagree with, or have any questions about the proposed or refused action, or your rights, please call me at _____.

(District Representative)

Laurel County Schools

Determination of Eligibility For Non-Diploma/Certificate Program

Student Name: _____ Date: _____ S.S.I.D #: _____

- Yes No Current and past classroom performance demonstrates the use of program adaptations/ modifications are insufficient to allow the student to earn credits for a diploma.
- Yes No Extensive direct instruction in natural settings is require for student to accomplish the transfer of skills necessary for functional application.
- Yes No Student's current adaptive behavior functioning requires intense and frequent community referenced instruction.
- Yes No Student's inability to perform at the higher level of cognitive ability necessary to earn credits for a diploma may be primarily the result of excessive or extended absences; or may be primarily the result of visual or auditory impairment(s), physical handicaps or severe behavior disorder.
- Yes No The student's measured level of cognitive ability is significant in and of itself to prevent the earning of credits for a diploma.
- Yes No The School Based Admissions and Release Committee members agree that this student qualifies for placement in a Non-diploma/Certificate program.

ARC Members Signatures:

Date:

District Representative

Special Education Teacher

General Education Teacher

Parent/Guardian

Student

Other

Other

Laurel County Schools

Parental and District Consent to Excuse an ARC Member From Attending an ARC Meeting

Name of Student _____ DOB _____ Student ID # _____

School of Attendance _____

Name/Title of ARC Member making request _____

Scheduled Date of ARC Meeting _____

Date of Request for Excusal _____

Regarding the Request:

- Excusal will be for _____ part of the meeting
_____ all the meeting
 - The ARC Member's areas of curriculum/related services will ***not*** be modified or discussed at the ARC meeting.
OR
 - The ARC Member's areas of curriculum/related services ***will*** be discussed or modified at the ARC meeting, but they can not attend.
AND
 - Written input regarding the development of the IEP is provided prior to the ARC meeting for consideration.
-

I give consent for the above mentioned ARC member to be excused from attending the ARC meeting specified above.

Signature of Parent

Date

Signature/Title of ARC Chairperson

Date

Date written input was sent to parent and submitted to ARC Chairperson _____

Laurel County Schools
Denial of Consent for Specially Designed Instruction
and/or Related Services

Student's Name: _____ Date of Birth: _____

S.S.I.D. #: _____ School: _____

Disability: _____

I have been informed of my parental rights regarding the provision of specially designed instruction and/or related services for my child _____.

(See 707 KAR 1:340 Section 5 (5))

I, as a parent or guardian of _____, refuse to give consent for
(Child's Name)
the provision of services at this time.

I, as a parent or guardian of _____, revoke my consent for
(Child's Name)
the provision of services at this time.

Parent or Guardian)

(Date)

Laurel County Schools Motor Skills Screening Form

This form is to be completed by the student's regular education teacher prior to a referral.

Student's Name:	Date:	Date of Birth:
Grade:	School:	Teacher's Name:

1. No concerns.
2. Check any concerns regarding this student's motor functioning in the school setting.
 - Fine motor and sensory concerns:
 - Poor pencil/crayon use
 - Inability to use both hands (putting a lid on a jar, stabilizing paper while writing, etc.)
 - Poor cutting skills
 - Difficulty manipulating small objects
 - Difficulty during lunch time (poor utensil use, unable to carry tray, unable to open milk or containers)
 - Poor note taking or copying information from the board
 - Can't stay in seat; fidgety
 - Poor keyboarding skills (hits too many keys at once or poor mouse manipulation)
 - Inattentive to tasks/distractible
 - Inappropriate touching, hitting, and kicking
 - Poor toileting skills
 - Difficulty with dressing skills (donning and doffing jacket, manipulating fasteners)
 - Gross motor concerns:
 - Sitting balance (slouched or unable to sit unsupported)
 - Difficulty with mobility in the classroom
 - Frequent falls
 - Difficulty changing positions (in/out of chairs; up/down from floor)
 - Poor/slouched posture
 - Low or high muscle tone (rigid, floppy, fluctuating)
 - Difficulty with hopping, jumping, skipping, or running as compared to same age peers
 - Drops materials, can't manipulate books, lunch tray, etc.
 - Inability to imitate motor movements

Comments _____

3. Describe how the concerns checked above are interfering with this student's educational performance. _____

4. List the strategies you have tried and the outcome of these interventions. _____

Teacher Signature: _____

Date: _____

****Please return form to the special education teacher who gave it to you if there are no concerns. If there are concerns, return to Mary K. Trosper at the G.C. Garland Administration Building.***

Laurel County Schools Nonprogrammatic IEP Changes

Student Name:	Date:
School:	ARC Date:
Case Manager:	Date of Change:

Prior to making any minor, nonprogrammatic change(s) to an IEP without an ARC, the case manager shall discuss the proposed change with the ARC Chairperson. If a change is made to an IEP, all members of the ARC shall be given a copy of the change, an explanation as to why the change was made, and all ARC members must be notified within ten school days of the change. If any member of the ARC objects to the change, an ARC meeting shall be convened within a reasonable period of time to discuss the change. *Minor, nonprogrammatic changes may include typographical errors, incorrect directory information about the student (such as birthdate, age, grade, address, or school), and other information required on the IEP that was agreed upon by the ARC but incorrectly recorded.*

Description of change to IEP: <hr/> <hr/> <hr/> <hr/> <hr/>
Reason for change: <hr/> <hr/> <hr/> <hr/>

ARC Team Members:	Date notified of change:

_____ _____ _____ _____
Signature of Person Making IEP Change *Date* *Signature/Title of ARC Chairperson* *Date*

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Laurel County Schools

IDEA Eligible Students Student Record Log

Inspection/Release to Other Agencies/Districts

Student's Name: _____	Date of Birth _____
-----------------------	------------------------

NOTE: Any agency or individual inspecting, reviewing, or receiving copies of **any** student records under the authority of the Family Educational Rights and Privacy Act is cautioned that the Act provides that personal information shall only be transferred to a third party on the condition that such party will not permit any other party to have access to such information except as allowed by law. This form need not be completed for disclosures made to parents or eligible students, records released to district employees having a legitimate educational interest under FERPA, or disclosures of records made pursuant to a subpoena or court order where a court order, issuing agency, or other law provides that others are not to be notified. ***KDE DOWNLOADS DISTRICT STUDENT RECORDS ON A DAILY BASIS.***

Date of Request	Name of Requesting Agency/District/Individual	Legitimate Interest	Records Accessed/Released	District Response: #1 Copied Provided #2 Record Inspected/ Reviewed #3 Request Denied	Employee Initials/Date
				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	/
				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	/
				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	/
				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	/
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				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	/

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Laurel County Schools Release of Information for Medicaid

I hereby authorize the release of (*child's name*) _____ educational records as listed below to Medicaid, for the purpose of processing Medicaid claims or for agency review of records.

Medicaid's examination of records for program audit purposes shall take place in my child's school district. No copies of my child's records will be provided to Medicaid.

Please mark statement, sign and date at the bottom:

___ I give my permission for the Laurel County Schools to allow the Department of Medicaid Services to examine information in my child's educational files which is needed to bill the Kentucky Medicaid program for services provided through my child's Individual Education Program (IEP). My signature does not give permission to bill my private insurance company. This information to be released may include:

- My child's name and Social Security Number;
- My child's date of birth;
- My child's referral and evaluation information and reports pertaining to the billing of Medicaid services.
- The dates and times that service is provided to my child at school;
- My child's IEP goals that relate to these services; and
- Progress notes pertaining to the billing of Medicaid services

___ I do not give my permission for this information to be released.

___ I understand that services provided by the Laurel County Schools special education program will not count against limits for Medicaid programs.

This consent form gives the school system listed above permission to release information needed to recover costs from Medicaid for eligible school-based services provided as outlined within the IEP, until the next IEP review. If the IEP is revised to change the services provided, a new consent form must be signed.

Child's full name: _____

Parent's or guardian's name (printed): _____

Parent or guardian's signature: _____

Date signed: ___/___/_____

Release is given to the following agencies or their designated representatives, for the sole purpose of billing Medicaid services or for auditing of the school districts School-Based Health Services program:

- Kentucky Department for Medicaid Services
- Kentucky Department for Public Health/Local Health Departments
- Centers for Medicare and Medicaid Services (CMS)
- Any agency commissioned to audit this program
- Contractual Third-party Billing Agency (Agency performing billing and related services for the school district)

I understand that the records will remain confidential and will only be used for the purposes listed above. The above agencies have been advised that they are bound by FERPA and cannot release the information they have obtained from the child's records without informed parent consent.

Your consent is voluntary. If you have any questions or concerns, please contact your school principal or the district's Medicaid Liaison at _____ (phone numbers) _____.