



Exceptional Student Education

Informed Notice/Change of Placement or Dismissal

Student Name: _____ Today's Date: _____

Other ID: _____ School: _____ Grade: _____

Date of Birth: _____ Sex: _____ Race: _____ Primary Language at Home: _____

Parent/Guardian Name: _____ Parent/Guardian Home Phone: _____

Parent/Guardian Address: _____

In order to meet the educational needs of your child, the school district has proposed to take the following action regarding a free appropriate public education for your child. Please be advised that your child:

is eligible for continued placement in the following special education program(s)/service(s):

is eligible for additional placement in the following special education program(s)/service(s):

is no longer in need of the following special education program(s)/service(s):

is in need of an increase in the amount of the following services or accommodations:

is in need of a reduction in the amount of the following services or accommodations:

The recommendation is based on the following sources of evaluation:

Intellectual Evaluations:

- | | |
|---|--|
| <input type="checkbox"/> Wechsler Intelligence Scale for Children | <input type="checkbox"/> Developmental Profile |
| <input type="checkbox"/> Wechsler Nonverbal Scale of Ability | <input type="checkbox"/> Naglieri Nonverbal Ability Test |
| <input type="checkbox"/> Kaufman Assessment Battery for Children | <input type="checkbox"/> Reynolds Intellectual Assessment Scales |
| <input type="checkbox"/> Other: _____ | |

Process Tests:

- | | |
|--|---|
| <input type="checkbox"/> Woodcock-Johnson Cognitive | <input type="checkbox"/> Comp. Test of Phon. Processing |
| <input type="checkbox"/> Beery-Buktenika Visual Motor Integration Test | <input type="checkbox"/> Bender Visual-Motor Gestalt Test |
| <input type="checkbox"/> Other: _____ | |

Physical/Occupational Therapy Assessments:

- | | |
|--|--|
| <input type="checkbox"/> Occupational Therapy Evaluation | <input type="checkbox"/> Criteria for Educational Relevant Therapy |
| <input type="checkbox"/> Physical Therapy Evaluation | <input type="checkbox"/> Assistive Technology Evaluation |
| <input type="checkbox"/> Other: _____ | |

Academic Assessments:

- | | |
|---|---|
| <input type="checkbox"/> Gray Oral Reading Test | <input type="checkbox"/> Wechsler Individual Achievement Test |
| <input type="checkbox"/> Kaufman Test of Ed. Achievement | <input type="checkbox"/> Kaufman Survey of Early Academic/Language Skills |
| <input type="checkbox"/> Woodcock-Johnson Test of Achievement | <input type="checkbox"/> Diagnostic Assessment of Reading |
| <input type="checkbox"/> Progress Monitoring – RtI Tier 3 Interventions | <input type="checkbox"/> Young Children's Achievement Test |
| <input type="checkbox"/> Other: _____ | |

Adaptive Scales:

- | | |
|--|---|
| <input type="checkbox"/> Adaptive Behavior Assessment System | <input type="checkbox"/> Developmental Profile |
| <input type="checkbox"/> Vineland Adaptive Behavior Scales | <input type="checkbox"/> Battelle Developmental Inventory |
| <input type="checkbox"/> Other: _____ | |

Behavioral/Projective Assessments:

- Behavior Assessment System for Children
- Child Behavior Checklist
- Autism Spectrum Rating Scale
- Other: _____
- RtI/Behavior Intervention
- Functional Behavior Assessment
- Autism Diagnostic Observations Schedule

Speech Tests:

- Goldman-Fristoe Test of Articulation
- Stuttering Severity Instrument
- Oral-Peripheral Exam
- Other: _____

Language Tests:

- Test of Lang. Dev. – Prim./Interm.
- Express./Recept. One-Word Pict. Vocab.
- Oral and Written Language Scales
- Clinical Eval. of Lang. Fundamentals
- Word Test
- Compr Recept and Express Vocab Test
- Social Lang. Dev. Test – Elem./Adol
- Compr Assess of Spoken Language
- Comprehensive Test of Phon Process
- Other: _____

Other:

- Checklist of Gifted Characteristics
- Student Interest Survey
- IEP Goal Progress
- Social/Developmental History
- Medical Information
- Other: _____

To meet your child’s educational needs, the Individual Education Plan (IEP) committee met on (date) _____ to develop a new IEP / amend the current IEP dated: _____. The IEP committee considered the following options and has recommended placement in a:

- Regular Class (more than 79% with non-disabled)
- Resource Room (more than 40%, but less than or equal to 79% with non-disabled)
- Separate Class (less or equal to 40% with non-disabled)
- Hospital/Homebound
- Other: _____

The other placement options were rejected by the committee because they:

- Did not provide the least restrictive environment for your child.
- Did not provide the amount of individual or small group instruction required by your child.
- Other: _____

This placement will be effective (date) _____.

Other factors relevant to this recommendation include: _____

Your written consent for the recommended initial placement is required prior to implementation of the plan for your child. Upon consent for initial placement, you will receive written notice if any placement change is recommended in the future. As parent(s)/guardian(s) of a child with a disability you have protections under the procedural safeguards of the Individuals with Disabilities Education Act (IDEA) and Rule 6A-6.03311, FAC, *Procedural Safeguards for Students with Disabilities* and/or Rule 6A-6.03313, FAC, *Procedural Safeguards for Students Who Are Gifted*. These documents are also available on the School Board website at www.sbac.edu. Should you want additional copies of the Procedural Safeguards or additional information about your rights, you may contact

Name: _____ Title: _____
Location: _____ Phone: _____

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Location: _____ Phone: _____

Date mailed or shared with parent/guardian: _____