



Exceptional Student Education

Informed Notice and Consent for Initial Placement – for Pre-Kindergarten

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: _____

Your child is eligible for special education and services. In order to meet your child's educational needs, we are proposing placement in the special education program(s): _____

You were invited to participate as a member of the Individual Educational Plan (IEP) team that made this proposal based upon a review of your child's performance on the following evaluation procedures, tests and/or records:

Intellectual Cognitive:

- Battelle Developmental Inventory
- Kaufman Assessment Battery for Children
- Reynolds Intellectual Assessment Scales
- Other: _____
- Developmental Profile
- Primary Test of Nonverbal Intelligence
- Wechsler Preschool & primary Scale of Intelligence

Processing:

- Woodcock-Johnson Test of Cognitive
- Beery-Buktenika Visual Motor Integration Test
- Other: _____
- Comp. Test of Phono. Processing

Motor:

- Battelle Developmental Inventory
- Developmental Profile
- Considerations for Educ. Relevant Therapy
- Other: _____
- Occupational Therapy Evaluations
- Physical Therapy Evaluation
- Assistive Technology Evaluation

Academic/Pre-Academics:

- Bracken Basic Concept Scale: Expressive
- Kaufman Survey – Early Academics/Lang. Skills
- Woodcock-Johnson Tests of Achievement
- Other: _____
- Bracken Basic concept Scale: Receptive
- Kaufman Test of Educational Achievement

Adaptive:

- Adaptive Behavior Assessment System
- Vineland Adaptive Behavior Scales
- Other: _____
- Developmental Profile
- Battelle Developmental Inventory

Social-Emotional/Behavior:

- Achenbach System of Empirically Based Assess.
- Battelle Developmental Inventory
- Conners Early Childhood
- Other: _____
- Autism Spectrum Rating Scales
- Behavior Assessment System for Children
- Developmental Profile

Speech:

- Ala. Co. Intelligibility Rating Scale, Articulation Phonology Severity Rating and Summary Scale
- Iowa Severity Rating for Fluency
- Oral-Peripheral Exam
- Stuttering Prediction Instrument for Young Child.
- Other: _____
- Goldman Fristoe Test of Articulation
- Hodson Assessment of Phonological Patterns
- Khan-Lewis Phonological Analysis
- Presch Typical Learning Environment Check.
- Stuttering Severity Instrument

Language:

- Children’s communication Checklist
- Clinical Eval. of Language Fundamental Preschool
- Iowa Severity
- Preschool Language Scales
- Rating Scale for Language
- Other: _____
- Clinical Eval Lang. Fund. Descriptive Prag. Pro.
- Informal Language Sample
- Oral and Written Language Scales
- Preschool Typical Learning Environment Checklist
- Receptive Expressive Emergent Language Test

Other:

- Medical Information
- Other: _____
- Social/Developmental History

The team developed an IEP on *(date)* _____ **to meet your child’s special education and service needs. (A copy of the plan is being provided to you.) The education program placement options for implementing the plan are described below. Each option was considered by the team and the recommended option has been checked.**

- 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)
- 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: _____

Any other factors relevant to the placement option 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: _____

Name: _____ Title: _____

Location: _____ Phone: _____

Placement Consent

- Yes, I consent to the educational placement proposed for my child.
- No, I do not give my consent to the educational placement for my child.

Signature of Parent or Guardian _____ Date: _____