

PRE-IEP MEETING LETTER FOR PARENTS TO SEND TO IEP TEAM

Date _____

Dear _____:

I am writing with regard to our upcoming IEP meeting. At our IEP meeting, I expect that we will cover the following information that must be addressed in my child's IEP, in the following order. I have included an estimate of the amount of time that I anticipate we will need to allocate to ensure that we are able to have a full discussion of each area. (Note: Times below are approximate for INITIAL IEP meetings; annual reviews should be shorter!)

| Time Allotted | Topic |
|---------------|--|
| 15-20 minutes | My child's "present levels of academic and functional performance" (how my child is doing in school, the results of most recent evaluations, and testing, etc.), including how my child's disability affects his/her involvement in the general curriculum, and my child's strengths as well as needs. |
| 10 minutes | Consideration of my concerns and hopes for the education of my child. |
| 10-30 minutes | Consideration of any relevant special factors, such as: (I have checked all that apply): <input type="checkbox"/> Functional behavior assessments and positive behavioral interventions, as my child's behavior may impede his/her learning or the learning of others; <input type="checkbox"/> My child's language needs, as my child has limited English proficiency; <input type="checkbox"/> My child's communication needs; <input type="checkbox"/> My child's language and communication needs, opportunities for direct communication with peers and professional personnel in my child's language and communication mode, academic level, and full range of needs, including opportunity for direct instruction in my child's language and communication mode, as my child is deaf or hard of hearing; <input type="checkbox"/> Instruction in and use of Braille, unless we determine after an evaluation of my child's reading and writing skills, needs, and appropriate reading and writing media that instruction in or the use of Braille is not appropriate for my child, as my child is blind or visually impaired; <input type="checkbox"/> My child's need for assistive technology devices and services, including how my child and professionals working with my child will learn to use the assistive technology, and whether my child needs to use the assistive technology at home to do homework. |
| 30 minutes | Measurable annual goals and benchmarks/short-term objectives for my child, related to helping my child be involved in and progress in the general curriculum, and to meeting each of my child's other educational needs resulting from his/her disability, and tied to the general education curriculum and the state's core curriculum content standards (at least one set of goals and objectives to address each of my child's identified needs) |
| 30 minutes | The supports, services, accommodations and adjustments that will be provided to my child to enable her/him to progress in the general education curriculum and to participate in academic, non-academic and extra-curricular activities with non-disabled peers, even if my child is placed out of district, including instructional and related services (including the person or persons who are directly responsible for implementation of each service and program in my child's IEP), such as: <input type="checkbox"/> "Supplementary aids and services," either directly for my child, or for the teacher, or for other children in the class, to help support my child's successful inclusion in the class; <input type="checkbox"/> Any special skills, knowledge, or professional development needed by my child's teacher, aide/paraprofessional, related services provider, etc.; <input type="checkbox"/> Related services such as speech therapy, occupational therapy, physical therapy, counseling, psychiatric or psychological services, transportation, travel training, orientation or mobility training, or other related services; <input type="checkbox"/> Extended school year services to make sure that he/she doesn't lose knowledge or skills he/she learned, over the summer, or to consider other eligibility factors; |

Developed by the Statewide Parent Advocacy Network, 35 Halsey Street, Newark, NJ 07102

Empowered Parents: Educated, Engaged, Effective!

| | |
|------------|--|
| | <p>__ Services to help my child learn communication skills & strategies;</p> <p>__ Assistive technology devices and services;</p> <p>__ A functional behavior assessment & a positive behavior support plan to help address his/her challenging behaviors;</p> <p>__ Services to help my child access extra-curricular and non-academic activities open to students without disabilities before, during, and after-school hours, even if my child is in a self-contained or out-of-district placement.</p> |
| 30 minutes | <p>Transition to Adult Life Planning:</p> <p>__ If my child is age 14 or older, or younger if appropriate, what courses of study my child might take to help prepare for transition to adult life;</p> <p>__ If my child is 16 or older, or younger if appropriate, what transition to adult life services my child needs to prepare for post-secondary education, training, and/or employment, including any interagency responsibilities or needed linkages;</p> <p>__ Services to prepare my child to make his/her own IEP decisions at age 18, or if this is not appropriate, a plan for me to secure guardianship before he/she turns 18.</p> |
| 15 minutes | <p>Placement (the least restrictive setting in which my child's IEP can be implemented, and which gives my child the maximum appropriate opportunity to interact with other students who do not have disabilities): The location where services will be provided, which will be the regular classroom in my child's neighborhood school (the school s/he would attend if not disabled) unless we decide that my child's goals cannot be achieved in that setting even with the provision of supplementary aids and services; if we decide that my child will be placed out-of-district, how my child will be provided access to extracurricular activities within his/her home (sending) district.</p> |
| 15 minutes | <p>How my child will participate in the statewide tests and district-wide tests, and what kinds of accommodations my child will need (such as extended time, questions read aloud, giving answers orally, testing in a more private, quieter space, using a computer or calculator, etc.), and if we decide that my child will not participate in these tests, why they are not appropriate for my child and how my child will be assessed using the Alternate Proficiency Assessment</p> |
| 10 minutes | <p>How my child's progress toward his/her annual goals will be measured, and how I will be informed of my child's progress toward achieving the annual goals, and how often (at least as often as general education parents receive report cards on their children's performance)</p> |
| 10 minutes | <p>Who will be responsible for ensuring that my child's services are provided as required by the IEP, and for monitoring to ensure that the services are having the desired affect on my child's progress, and how I will be involved in that process (for example, by visiting my child's classroom at least 4 times a year, having periodic meetings with the teacher, having a communication book).</p> |

I anticipate that you will allocate sufficient time (approximately __ hours) to adequately discuss each of these required components of my child's IEP. I also anticipate that all required members of the team (a general educator, person qualified to provide or supervise the provision of special education, and a district representative who can commit the necessary resources so that all IEP decisions can be made at this meeting without having to refer them to a "higher authority" within the district, will be present at the meeting and prepared to stay for the entire meeting. [In addition to the required members of the team, I am requesting that the following staff also be present at the meeting because of the important contributions they will be able to make: (list additional invitees).] I would like to inform you at this time that I am also bringing additional people to the meeting, including (list your additional invitees). [If you plan to bring a tape recorder to the meeting, add:] Please note that I plan to bring a tape recorder to the meeting so that (list reasons, such as: I can have the opportunity to review our IEP discussion at a later date; I can share the recording with my spouse/significant other so that s/he can hear the discussion, etc.) If you have not scheduled a sufficient amount of time, please notify me immediately so that we can promptly schedule a follow-up meeting to complete our IEP discussion. Also, please notify me if there will not be an authorized representative present at the IEP meeting with the authority to commit district resources. I look

forward to a thorough discussion of each of the above issues and the development of a quality IEP for my child's achievement. Thank you.