



# High Plains Educational Cooperative

www.highplained.com

"High Plains Educational Cooperative will assist and support the member districts in providing educational services which will maximize opportunities for all children to live, learn, and work in society." *HPEC Mission Statement*

621 E Oklahoma  
Ulysses KS 67880  
620-356-5577

## Notice of Meeting

**Student:** \_\_\_\_\_ **Parent(s):** \_\_\_\_\_

**Address:** \_\_\_\_\_ Additional Contacts Made: \_\_\_\_\_

Type of contact made \_\_\_\_\_ Dt Contact made or sent \_\_\_\_\_ Who made Contact \_\_\_\_\_ Person Contacted \_\_\_\_\_

Date of Meeting: \_\_\_\_\_ Time of Meeting: \_\_\_\_\_ Place of Meeting: \_\_\_\_\_

Ten day notice waived with parent permission - Parent Initials \_\_\_\_\_

Student 14+ years of age is invited to attend the meeting & parent notified that student may attend meeting. Postsecondary goals and transition services can be considered at any age, but must be included in the first IEP to be in effect when your child reaches age 14.

Agencies notified of meeting \_\_\_\_\_

### Purpose of Meeting

The results of the evaluation or reevaluation of your child are now available. You may review all of the evaluation results before final decisions are made. By law, we must meet with you to review the evaluation results for your child, including any evaluations or information you wish to provide, current classroom-based assessments and observations, and teacher or other staff observations, to determine, with your input:

- 1) **your child's present levels of academic achievement, functional performance and education needs;**
- 2) **whether your child has an exceptionality; and**
- 3) **whether your child needs special education and related services.**

If it is determined that your child is eligible for special education and related services, the IEP team will develop an individualized education program (IEP) for your child and determine the appropriate placement. We will make our decisions based upon the results of the evaluation procedures which we previously told you we would administer in the Notice of Proposed Evaluation and Request for Consent, which you signed. We will also consider the strengths of your child and any recommendations you have for enhancing the education of your child.

Discuss possible changes in your child's individualized education program (IEP).

Conduct an annual review of your child's individualized education program (IEP).

Other \_\_\_\_\_

The following persons have knowledge of the child and his/her educational needs. Parent(s) may invite anyone they feel may contribute to this process, or who may make them feel comfortable.

Position/Name	Position/Name
Parent _____	Other Agency/Transition _____
Parent _____	_____
Student _____	_____
*Gen Ed Teacher _____	_____
Principal/Designee _____	_____
Sp Ed Teacher _____	_____
Other Special Educator _____	_____

\*General Education Teacher must be involved in the IEP process, in developing modifications/accommodations; scheduling support needs for this student within the general curriculum; in determining goals, benchmarks, and timelines; and supports for staff.

Does the school need to provide an interpreter.  Yes  No \_\_\_\_\_  
Name of Interpreter

HPEC Administrator Notified: \_\_\_\_\_

### PROCEDURAL SAFEGUARDS TO PROTECT PARENTS' RIGHTS

Both state and federal laws concerning the education of children with exceptionalities include many parental rights. Receiving notices of action the school wants to take in regard to your child, and being a part of your child's educational planning team are examples of your rights. These laws also require that the school follow certain procedures to make sure you know your rights and have an opportunity to exercise those rights. Notice of parent rights will be provided to you upon initial referral or parental request for evaluation; request for a due process hearing; disciplinary removal of child from school that would constitute a change of placement; and upon request.

Parent requests that the Notice of Parent Rights be delivered in the following method:

Check one

- email to the following address: \_\_\_\_\_
- electronic download from [www.highplainsed.com/parents.htm](http://www.highplainsed.com/parents.htm)
- paper copy

Read your Notice of Parental Rights carefully and, if you have any questions regarding your rights, you may contact: High Plains Educational Cooperative at 620-356-5577 or 800-779-4732 or your local school psychologist.

### ACKNOWLEDGMENT

I have been fully informed of all information relevant to the proposed meeting and I understand the purpose of the meeting. I also have been provided a copy of our parents rights (procedural safeguards). I understand these rights and safeguards.

\_\_\_\_\_  
Parent/Legal Education Decision Maker Date \_\_\_\_\_

\_\_\_\_\_  
Parent/Legal Education Decision Maker Date \_\_\_\_\_

### ADDITIONAL INFORMATION

You may contact any of the following resources to help you understand the federal and state laws for educating children with exceptionalities and parental rights (procedural safeguards) granted by those laws:

Kansas State Dept. of Education 800-203-9462  
Families Together, Inc. (Garden City) 888-820-6364  
Disability Rights Center of Kansas 877-776-1541  
Keys for Networking 785-233-8732

Other Local Resources:

<http://highplainsed.com/parentcommunityresource.htm>