



Disciplinary Change in Placement

Student:	Student UID#	DOB:
School:	Grade:	Age:
Primary Eligibility:		Secondary Eligibility:

DISCIPLINARY CHANGE IN PLACEMENT

Date:

Dear: _____:
(Parent/Guardian)

State and federal laws regarding students with disabilities require that the local education agency (LEA) notify and inform you of certain changes being made to the student's educational program. You must be informed when the school district proposes a change to the educational placement of your child.

I. Disciplinary Change in Placement

Today, school personnel determined that the student listed above is subject to a disciplinary removal that will constitute a change in placement. A meeting with you, the parent/guardian, and relevant members of the IEP Team will be held within ten (10) school days to determine if the behavior in question is a manifestation of the student's disability. The team may also consider revising your student's IEP, based on the conclusion of the manifestation meeting.

The Manifestation Determination meeting is scheduled for:

Date:	Time:	Location:
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The following individuals will be present at the Manifestation Determination meeting:

Name	Position

II. Prior Written Notice – Disciplinary Change in Placement

Explanation of Actions (all items must be addressed)

School personnel determined disciplinary change in placement because:



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Describe the reasons and length of the proposed removal:

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Enclosed is a copy of the *Parents Rights and Responsibilities in Special Education: Notice of Procedural Safeguards*. The principal or Director of Exceptional Children Programs can help you understand your rights if you have any questions, or you can call the Exceptional Children's Assistance Center, 1-800-962-6817.

III. Invitation to Conference

We are requesting that you attend a conference to discuss the unique needs of the student. You may also bring another person(s) who has knowledge or expertise about the unique needs. Although not required for you to notify the school of additional participants, it is helpful in making appropriate arrangements.

The purpose of this meeting is to: (check all that may apply)

<input type="checkbox"/>	Discuss the special education referral for an initial evaluation or reevaluation
<input type="checkbox"/>	Discuss evaluation results to determine eligibility for special education and related services
<input type="checkbox"/>	Discuss, develop, review and/or revise the individualized education program
<input type="checkbox"/>	Discuss educational placement
<input type="checkbox"/>	Discuss Transition
<input type="checkbox"/>	Other:

The following required members of the IEP are expected to attend the meeting: (attach *Request to Excuse* if all are not checked)

<input type="checkbox"/>	LEA Representative	<input type="checkbox"/>	General Education Teacher
<input type="checkbox"/>	Special Education Teacher/Provider	<input type="checkbox"/>	Interpreter of Instructional Implications of Evaluation Results

Other participants expected to attend the meeting:

<input type="checkbox"/>	Name:	<input type="checkbox"/>	Name:
<input type="checkbox"/>	Name:	<input type="checkbox"/>	Name:

The following agency representative(s) invited to the meeting are: (Consent to invite agency representative(s) must be in the EC file.)

<input type="checkbox"/>	Name:	<input type="checkbox"/>	Name:
<input type="checkbox"/>	Name:	<input type="checkbox"/>	Name:

The meeting is scheduled for:

Date:	Time:	Location:
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If this time is inconvenient, I will be happy to reschedule the meeting at a mutually agreeable time. If you are unable to attend or would prefer to participate by alternative means, those details can be arranged. Please use the contact information below to reschedule or arrange alternate means of participation.

Name:		Title:	
School:		Phone:	
Email:			



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RESPONSE TO INVITATION

Please respond to this invitation to conference by checking the appropriate option below and return one copy of this form prior to the meeting.

<input type="checkbox"/>	I will attend the meeting as scheduled.
<input type="checkbox"/>	I will participate in this IEP Team meeting by phone. I can be reached at the following phone number on the date/time proposed above. -----
<input type="checkbox"/>	I cannot attend the meeting at this time. Please contact me to arrange another time.
<input type="checkbox"/>	I do not wish to attend the meeting

Parent/Guardian Signature: _____ Date: ____/____/____