

Camden City School District
1033 Cambridge Street
Camden, NJ 08105

SOLICITUD DE PARTICIPACION DE PADRE/TUTOR EN UNA REUNIÓN

Fecha: _____

Estimado padre/tutor de: _____

Queremos invitarle a una reunión sobre su hijo/a. Esta reunión tendrá mas de un propósito y asistirán diferentes personas necesarias. Esta reunión es una conferencia de referido. El propósito es para discutir sus preocupaciones sobre su niño/a preescolar, proveerle el código legal de padres de niños con problemas de aprendizaje, y obtener su permiso para conducir evaluaciones si es indicado.

Su participación es importante. **FAVOR DE TRAER SU NIÑO/A a la cita.**

Su cita es para: _____

Lugar: – _____

Las siguientes personas participaran en la cita:
(X) El equipo de Servicios de Educación Especial
(X) Una maestra
(X) Proveedores de servicios relacionados

Las siguientes personas de otras agencias han sido invitados a participar en la reunión.

() SNJPNC () PIRT () DCPP () SOLUTION CENTER

Si esta fecha no es conveniente o si usted tiene alguna pregunta, por favor llame al siguiente numero: _____

Cordialmente,

Por favor de traer la siguiente información con usted a esta reunión.

- El Acta/Certificado de nacimiento del niño
- El Registro de la inmunización [vacunas]
- La Prueba de la Dirección [arrendamiento, gas/eléctrica, el cable, cuentas de teléfono e identificación, etc.] **DEBE DETENER 1**
- La Prueba de la Tutela Legal, si usted no el padre del niño
- identificación con foto [Licencia de conducir actual o licencia actual de non-driver o identificación de condado]

Keep a copy of this invitation and upload it to the Document Repository when the student is registered.

Camden City School District
1033 Cambridge Street
Camden, NJ 08105

REQUEST FOR PARENTAL PARTICIPATION IN A MEETING

Date: _____

Parent of: _____

You are invited to attend an **Evaluation Planning Meeting** for your child. The purpose of this meeting is to discuss the referral of your son/daughter to the Preschool Child Study Team made by the following person(s): _____

In this meeting, we will discuss all concerns that you and your child's teacher (as applicable) have about your child's development and education. You will also be provided with a copy of *Parental Rights in Special Education (PRISE)* and consent to evaluate your child will be requested, if indicated.

The participation for educational needs of your child is important. **PLEASE BRING YOUR CHILD.** The meeting is scheduled for:

<u>Date</u>	<u>Time</u>	<u>Location</u>
-------------	-------------	-----------------

The following individuals will be participating in the meeting:

- Preschool Child Study Team
- Regular Education Teacher
- Related services providers

The following individuals from other agencies have been invited to attend the meeting:

- SNJPNC PIRT DCPD SOLUTION CENTER

If this is not a convenient time or place, or should you have any questions, please contact me at _____

Sincerely,

Please bring the following information with you to this meeting:

- Your child's Birth Certificate
- Immunization Record
- Proof of Address [lease, gas/electric, cable, telephone bills and identification, etc] **MUST HAVE 2 FORMS.**
- Proof of Legal Guardianship, if you are not the birth parent
- Photo identification [current driver's license, current non-driver's license and county identification]

Keep a copy of this invitation and upload it to the Document Repository when the student is registered.

Camden City School District
1033 Cambridge Street
Camden, NJ 08105

Initial Identification and Evaluation Planning – Proposed Action

Notice Date: _____

Parent/Guardian of _____

RE: _____

Dear Parent/Guardian:

DOB: _____ **ID#:** _____

The purpose of this notice is to inform you, in writing, of the school district's proposal regarding the identification, classification, evaluation, educational placement of the above student as a result of a meeting held on _____.

A description of the action proposed or denied:

- As a result of an identification and evaluation planning meeting, the district proposed that an evaluation is not warranted to determine if the student has a disability.
- As the result of an identification and evaluation planning meeting, the district proposed that an evaluation is warranted to determine if the student has a disability.

An explanation of why the action is proposed or denied:

- It was determined that the student is not suspected of having a disability which adversely affects the student's educational performance, and is not in need of special education and related services, or speech-language services only.
- It was determined that the student is suspected of having a disability which adversely affects the student's educational performance, and is in need of special education and related services, or speech-language services only.

Areas of suspected disability:

- Speech-language
- Auditorily impaired
- Autistic
- Cognitively impaired
- Communication impaired
- Emotionally disturbed
- Multiply disabled
- Deaf/blindness
- Orthopedically impaired
- Other health impaired
- Preschool child with a disability
 - Physical, including gross motor, fine motor and sensory (vision and hearing)
 - Cognitive
 - Communication
 - Social and emotional
 - Adaptive
- Social maladjustment
- Specific learning disability
- Traumatic brain injury
- Visually impaired

A description of the procedures, tests, records or reports and factors used in determining the action proposed or denied:

- Review of student's records and current progress including:

A description of any options that were considered and the reasons why those options were rejected:

- There were no other options considered at this time.
- The other options considered include:

A description of any other factors that are relevant to the action proposed or denied:

- There were no other factors relevant at this time.
- The other factors relevant include:

If evaluation is warranted, the nature and scope of the evaluation assessments proposed to be conducted:

- An evaluation is not warranted, therefore no evaluation assessments are proposed.
- An evaluation is warranted and the following assessments are proposed:
 - Educational Evaluation
 - Psychological Evaluation
 - Social History
 - Speech/Language Evaluation
 - Occupational Therapy Evaluation
 - Physical Therapy Evaluation
 - _____
 - _____
 - _____
 - _____

Procedural Safeguards Statement:

As the parent of a student who is or may be determined eligible for special education services or as an adult student who is or may be determined eligible for special education services, you have rights regarding identification, evaluation, classification, the development of an IEP, placement and the provision of a free, appropriate public education under the New Jersey Administrative Code for Special Education, N.J.A.C. 6A:14. A description of these rights, which are called procedural safeguards, is contained in the document, *Parental Rights in Special Education (PRISE)*. The document is published by the New Jersey Department of Education.

A copy of the PRISE is provided to you one time each year and upon referral for an initial evaluation, when you request a due process hearing or complaint investigation, and when a disciplinary action that constitutes a change in

placement is initiated. In addition you may request a copy by contacting Jill Trainor, Chief School Support Officer, Special Services at 856-966-2202.

For help in understanding your rights, you may contact any of the following:

Jill Trainor, Senior Director, Special Services 856-966-2202

Statewide Parent Advocacy Network (SPAN) at (800) 654-7726

Disability Rights New Jersey (DRNJ) at (800) 922-7233

The New Jersey Department of Education through the Camden County, Catherine Thomas, 856-401-2400 ext. 2421

Please note, if an evaluation is warranted:

If an evaluation is warranted, the district requires your written consent to conduct the evaluation.

If you have any questions or concerns, please do not hesitate to contact me.

Sincerely,

Enc. New Jersey Administrative Code, (N.J.A.C.) 6A:14
New Jersey Administrative Code (N.J.A.C.) 1:6A
Consent for Initial Evaluation Form (If evaluation is warranted)

FPWN-01A 20170117

