

INFINITE CHILD FOUNDATION FORMS

**APPENDIX A
INFINITE CHILD
FOUNDATION PRIOR
WRITTEN NOTICE**

Provided to parent prior to district initiation or refusal regarding change of identification, evaluation, educational placement, or provision of free appropriate public education

Student Name _____ **Date of Birth** ____/____/____ **IEP Date** ____/____/____

This notice is to inform the parent(s) of the above-named student regarding the school district's

Proposal to initiate or change the: ☐ **Identification** ☐ **Evaluation** ☐ **Educational Placement** ☐ **Provision of a**

Appropriate education to your child

This notice includes a description of the proposed action, an explanation of why the Infinite foundation is proposed to take this action, a description of any other options that were considered and the reasons why those options were rejected, and other factors that are relevant in this proposal. Your written permission must be given before we assess your child to determine eligibility. You have the right to be familiar with the assessment procedures and type of tests that may be given to your child. After the assessment is completed, you will be notified in writing of a meeting to discuss the results of the evaluation.

Refusal of your request to initiate or change the:

Identification ☐ ☐ **Provision of a free appropriate public education to your child**

Evaluation ☐ ☐ **Educational Placement**

This notice includes a description of action being refused, an explanation of why the infinite foundation refused to take this action, a description of any other options that were considered and the reasons why those options were rejected, and other factors that are relevant to this refusal.

Description of proposed or refused action

Reason(s) for proposed or refused action

Description of evaluation procedures, tests, records, or reports used in deciding to propose or refuse this action

Description of other options considered and reasons for rejecting them

Other factors relevant to the proposal or refusal

If you would like a copy of the Procedural Safeguards, please contact the infinite foundation and a copy will be sent to you. If you would like further information about your rights or the proposed action and/or referral please contact

Print Name _____

Position

Phone

E-mail Address

APPENDIX B
INFINITE CHILD FOUNDATION
PRIOR WRITTEN NOTICE - INITIAL ASSESSMENT

Student Name _____ Date of Birth ____/____/____ Date
____/____/____

The following were used as a basis for the proposed assessment

☐ Evaluation procedure(s)

☐ Assessments, including any recent assessments and available independent assessments

☐ Record(s)

☐ Report(s)

The following alternatives to an assessment were considered and rejected

The above alternatives were rejected for the following reasons

The following is a description of other factors that are relevant to the district's proposal for an assessment

Assessments will be conducted by qualified staff and, when appropriate, utilizing qualified interpreters. You will be asked to participate in a meeting of the Individualized Education Program (IEP) team following completion of the assessment. All information and assessment results will be kept confidential. No special education services will be provided to your child without your written consent.

Please return this assessment plan within 15 calendar days of receiving it.

Included with this assessment plan is a copy of the Special Education Rights of Parents and Children that describes procedural safeguards available to you.

If you have any questions about the proposed assessment or the procedural safeguards available to you, then please call

Name and position _____

Phone number _____

Infinite foundation Assessment Plan

Student Name _____ Date of Birth ____/____/____ Date
____/____/____

☐ Initial ☐ Annual ☐ Triennial ☐ Transition ☐ Interim ☐
Other _____

To parent/guardian of _____ Date
____/____/____

county _____ School _____

Grade _____ Date of Birth ____/____/____

Native Language _____ English proficiency _____

The district proposes to assess your child to determine his/her eligibility for special education services or continued eligibility and present levels of academic performance and functional achievement. Your child will be assessed in all areas of suspected disability as needed. * To meet your child's individual education needs, this assessment will consist of an evaluation in only the areas checked by the local educational agency *Tests conducted pursuant to these assessments may include, but are not limited to classroom observations, rating scales, one-on-one testing or some other types or combination of tests.

| Evaluation Area | Examiner Title |
|--|----------------|
| <input type="checkbox"/> Academic Achievement These tests measure reading, spelling, arithmetic, oral and written language skills, and/or general knowledge | _____ |
| <input type="checkbox"/> Health information and testing is gathered to determine how your child's health affects school performance | _____ |
| <input type="checkbox"/> Intellectual Development These tests measure how well your child thinks, remembers, and solves problems. | _____ |
| <input type="checkbox"/> Language/Speech Communication Development These tests measure your child's ability to understand and use language and speak clearly and appropriately. | _____ |
| <input type="checkbox"/> Motor Development These tests measure how well your child coordinates body movements in small and large muscle activities. Perceptual skills may also be measured. | _____ |
| <input type="checkbox"/> Social/Emotional These scales will indicate how your child feels about him/herself, gets along with others, takes care of personal needs at home, school and in the community. | _____ |
| <input type="checkbox"/> Adaptive/Behavior These scales indicator how your child takes care of personal needs at home, school and in the community. | _____ |
| <input type="checkbox"/> Post-Secondary Transition Age-appropriate transition assessments related to training, education, employment and where appropriate independent living skills. | _____ |
| <input type="checkbox"/> Other _____ | _____ |
| <input type="checkbox"/> Alternative Means of Assessment (Describe alternative methods of assessing the child, if applicable) _____ | _____ |

☐ I consent to the assessment. I understand that the results will be kept confidential and that I will be invited to attend the IEP team meeting to discuss the results. I also understand that no special education services will be provided to my child without my written consent.

☐ I do not consent to the proposed assessment described above.

☐ I would like the following assessment information to be considered by the IEP team _____

Signature _____
☐ Parent ☐ Guardian ☐ Surrogate ☐ Adult Student

____/____/____
Date

☐ If my child is or may become eligible for special needs education program: I authorize the school to release student information for the limited purpose of assessment.

Signature _____

Guardian

☐ Surrogate

☐ Adult Student

Parent

☐☐

☐ Parent/Guardian/Student has received written notification of protections available to parents.

Address _____

Phone number

Comments _____

NOTE Prior Written Notice attached if this is an initial evaluation.

Date Received

____/____/____

INFINITE CHILD FOUNDATION

PRIOR WRITTEN NOTICE

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Student Name _____ **Date of Birth** ____/____/____ **IEP Date** ____/____/____

This notice is to inform the parent(s) of the above-named student regarding the school district's

☐ **Proposal to initiate or change the:**

☐ **Identification** ☐ **Evaluation** ☐ **Educational Placement** ☐ **Provision of a free appropriate education to your child**

This notice includes a description of the proposed action, an explanation of why the school proposed to take this action, a description of any other options that were considered and the reasons why those options were rejected, and other factors that are relevant in this proposal. Your written permission must be given before we assess your child to determine eligibility. You have the right to be familiar with the assessment procedures and type of tests that may be given to your child. After the assessment is completed, you will be notified in writing of a meeting to discuss the results of the evaluation.

☐ **Refusal of your request to initiate or change the:**

☐ **Identification** ☐ **Evaluation** ☐ **Educational Placement** ☐ **Provision of a free appropriate education to your child**

This notice includes a description of action being refused, an explanation of why the district refused to take this action, a description of any other options that were considered and the reasons why those options were rejected, and other factors that are relevant to this refusal.

Description of proposed or refused action _____

Reason(s) for proposed or refused action _____

Description of evaluation procedures, tests, records, or reports used in deciding to propose or refuse this action _____

Description of other options considered and reasons for rejecting them _____

Other factors relevant to the proposal or refusal _____

Print Name _____

Position _____

Phone _____

E-mail Address _____

**INFINITE CHILD FOUNDATION
PRIOR WRITTEN NOTICE - INITIAL ASSESSMENT**

Student Name _____ **Date of Birth** ____/____/____ **Date** ____/____/____

The following were used as a basis for the proposed assessment

- ☐ Evaluation procedure(s) _____
- ☐ Assessments, including any recent assessments and available independent assessments _____
- ☐ Record(s) _____
- ☐ Report(s) _____

The following alternatives to an assessment were considered and rejected _____

The above alternatives were rejected for the following reasons _____

The following is a description of other factors that are relevant to the district's proposal for an assessment _____

Assessments will be conducted by qualified staff and, when appropriate, utilizing qualified interpreters. You will be asked to participate in a meeting of the Individualized Education Program (IEP) team following completion of the assessment. All information and assessment results will be kept confidential. No special education services will be provided to your child without your written consent.

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Included with this assessment plan is a copy of the Special Education Rights of Parents and Children that describes procedural safeguards available to you.

If you have any questions about the proposed assessment or the procedural safeguards available to you, then please call

Name and position _____ Phone number _____

Assessment Plan

Student Name _____ Date of Birth ____/____/____ Date ____/____/____

☐ Initial ☐ Annual ☐ Triennial ☐ Transition ☐ Interim ☐ Other _____

To parent/guardian of _____ Date ____/____/____

District _____ School _____

Grade _____ Date of Birth ____/____/____

Native Language _____ English proficiency/CELD Level _____

The Infinite Foundation proposes to assess your child to determine his/her eligibility for special education services or continued eligibility and present levels of academic performance and functional achievement. Your child will be assessed in all areas of suspected disability as needed. * To meet your child's individual education needs, this assessment will consist of an evaluation in only the areas checked by the Learners assessment team.

*Tests conducted pursuant to these assessments may include, but are not limited to classroom observations, rating scales, one-on-one testing or some other types or combination of tests.

| Evaluation Area | Examiner Title |
|--|----------------|
| <input type="checkbox"/> Academic Achievement These tests measure reading, spelling, arithmetic, oral and written language skills, and/or general knowledge | _____ |
| <input type="checkbox"/> Health information and testing is gathered to determine how your child's health affects school performance | _____ |
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| <input type="checkbox"/> Language/Speech Communication Development These tests measure your child's ability to understand and use language and speak clearly and appropriately. | _____ |
| <input type="checkbox"/> Motor Development These tests measure how well your child coordinates body movements in small and large muscle activities. Perceptual skills may also be measured. | _____ |
| <input type="checkbox"/> Social/Emotional These scales will indicate how your child feels about him/herself, gets along with others, takes care of personal needs at home, school and in the community. | _____ |
| <input type="checkbox"/> Adaptive/Behavior These scales indicator how your child takes care of personal needs at home, school and in the community. | _____ |
| <input type="checkbox"/> Post-Secondary Transition Age-appropriate transition assessments related to training, education, employment and where appropriate independent living skills. | _____ |
| <input type="checkbox"/> Other _____ | _____ |
| <input type="checkbox"/> Alternative Means of Assessment (Describe alternative methods of assessing the child, if applicable) _____ | _____ |

☐ I consent to the assessment. I understand that the results will be kept confidential and that I will be invited to attend the IEP team meeting to discuss the results. I also understand that no special education services will be provided to my child without my written consent.

☐ I do not consent to the proposed assessment described above.

☐ I would like the following assessment information to be considered by the IEP team _____

Signature _____

☐ Parent ☐ Guardian ☐ Surrogate ☐ Adult Student

____/____/____
Date

Signature _____

☐ Surrogate ☐ Adult Student ☐ Parent ☐ Guardian

☐ Parent/Guardian/Student has received written notification of protections available to parents.

Address _____ Phone number _____

Comments _____

NOTE Prior Written Notice attached if this is an initial evaluation.

Date Received by _____/_____/_____

CHAPTER 1
APPENDIX B