

**MADISON METROPOLITAN SCHOOL DISTRICT
DEPARTMENT OF EDUCATIONAL SERVICES - SPECIAL EDUCATION**

Student	Student #	Date of Birth	Gender	Grade	School of Attendance

NOTICE OF RECEIPT OF REFERRAL AND START OF INITIAL EVALUATION

Dear _____ Date _____

Your child was referred for an evaluation to determine whether he/she has a disability (impairment and need for special education). The individualized education program team (IEP team) is responsible for this evaluation and will conduct this evaluation at no cost to you. You are a participant on the IEP team. You may include others on the IEP team who have knowledge or special expertise about your child.

IEP team participants will first review existing information available on your child, including information provided by you. The IEP team will then determine what, if any, further evaluation is necessary to assist in making a determination of whether your child has or does not have a disability and his or her educational needs. You will be sent a notification of this determination within 15 business days of the school district receiving the referral to evaluate your child.

If the IEP team determines that additional assessments and other evaluation materials are necessary, the school district needs your written consent (permission) before administering any assessments or other evaluation materials to obtain further information about your child. You will be informed about what assessments or other evaluation materials will be given before they are administered. You will also be informed of the names of the individuals who will conduct those evaluations, if known at the time of the notice. Upon completion of the evaluation the IEP team will prepare an evaluation report which will include documentation of your child's eligibility for special education. You will be provided with a copy of the evaluation report.

Within 60 calendar days of receiving your consent for evaluation or being provided with a notice that no further assessment of your child is necessary, the IEP team will meet to determine whether your child has a disability and to identify his or her educational needs. If the IEP team determines that your child is a child with a disability, the team will meet to develop an IEP to address your child's needs and determine a placement to carry out the IEP within 30 calendar days. You will be provided with a notice of placement and a copy of your child's IEP. The school district needs your written consent (permission) before initially providing special education to your child. If it is determined that your child is not a child with a disability, you will be provided with a notice of that finding.

If at any point during an IEP team meeting to determine your child's eligibility for special education, develop an IEP, or determine a placement, you or other IEP team participants believe that additional time is needed to permit your meaningful involvement, additional time will be provided subject to the time limitations described above. This IEP team process may be concluded in one meeting or may require more than one meeting depending on individual circumstances.

You and your child have protection under the procedural safeguards (rights) of special education law. Please read the statement of parent and child rights enclosed with this notice. In addition to district staff, you may also contact one of the agencies listed below if you have questions about your rights:

Department of Public Instruction
DLSEA/Special Education Team
P.O. Box 7841
Madison, WI 53707-7841
608-266-1781; 800-441-4563
TDD: 608-267-2427

Parent Education Project of Wisconsin
2192 South 60th Street
West Allis, WI 53219-0568
414-328-5520; 800-231-8382
TDD: 414-328-5525

Disability Rights Wisconsin
16 North Carroll Street, Suite 400
Madison, WI 53703-2716
608-267-0214; 800-928-8778
TDD: 888-758-6049

Wisconsin Family Ties
16 North Carroll Street, Suite 640
Madison, WI 53703
608-267-6888; 800-422-7145

Name/Title IEP Team Chairperson

(608)

Telephone

If you need this notice in an alternate language or communicated in a different mode, or have questions about this notice, please contact the IEP Team Chairperson.

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DEPARTMENT OF EDUCATIONAL SERVICES - SPECIAL EDUCATION**

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Date by which you will be sent notification of the need or no need for further evaluation _____ Parent and Child Rights Brochure Included _____

You, and your child if appropriate, are IEP team participants.
In addition, the following people are being appointed to the IEP team by the Madison Metropolitan School District (LEA).

Role (* Indicates Chairperson)	Name, if known

Other options, if any, such as the selection of IEP team participants which were considered and the reason(s) they were rejected and a description of any other factors relevant to the proposed action:

None

If you need this notice in an alternate language or communicated in a different mode, or have questions about this notice, please contact the IEP Team Chairperson.

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**APPOINTMENT OF INDIVIDUALIZED EDUCATION PROGRAM
(IEP) TEAM PARTICIPANTS**

Initial Re-evaluation Transfer Student Initial

DATE: _____

TO: IEP Team Participants

FROM: _____ (Principal/administrator signature)

RE: Appointment to the IEP Team

I have appointed you to the IEP team for the student listed on the attached form.

Check the appropriate form

- Notice of Receipt of Referral and Start of Initial Evaluation

- Notice of Reevaluation

- Notice of Agreement to Conduct a Reevaluation More Than Once a Year

A paper copy of this form must be submitted to the IDEA Records manager at the end of the IEP Process

If you need this notice in an alternate language or communicated in a different mode, or have questions about this notice, please contact the IEP Team Chairperson.