

# Innovative Arts Academy Charter School

## ***PROCEDURAL SAFEGUARDS LETTER***

*School Age*

### **Name and Address of Parent/Guardian/Surrogate:**

Parent/ Guardian

, Pennsylvania

Dear Parent/ Guardian,

The enclosed Procedural Safeguards Notice describes your rights and the procedures that safeguard your rights under state and federal special education law, including the Individuals with Disabilities Education Act, commonly referred to as "IDEA 2004". These laws and regulations require local educational agencies to provide a free appropriate public education (FAPE) to all students with disabilities who are in need of special education. A free appropriate public education, or FAPE, means special education and related services designed to meet the individual educational needs of your child provided, at no cost to you, in conformity with your child's Individualized Education Program (IEP).

The information contained in this Procedural Safeguards Notice is important to you and your child. Please take time to review it. While we have attempted to consolidate a great deal of information into a readable format, we recognize that the information can be cumbersome. If you need clarification, you can seek help from personnel in the agency that provides educational services to your child. You also have the right to be informed of organizations that are established to assist parents in understanding their rights under these laws. Some of these resources are listed below and also contained in the Procedural Safeguards Notice.

If you have a concern about your child's educational program, you may wish to contact your child's teachers, principal, or school administrators. This type of communication is often helpful in resolving concerns.

You also have the right under federal law to file a complaint with the Pennsylvania Department of Education and/or to initiate due process procedures as described in Section VI of this Procedural Safeguards Notice.

Sincerely,

Cheryl Caines  
Director of Special Education

**LOCAL RESOURCES FOR PARENTS\***

\*Additional resources are listed on the Procedural Safeguards Notice.

If you have a child with an intellectual disability and/or emotional disturbance, he/she is entitled under the Pennsylvania Mental Health and Intellectual Disability Act of 1966 and the Pennsylvania Mental Health Procedures Act of 1976 to the services of a local Mental Health/Intellectual Disabilities (MH/ID) Center for an independent medical, psychological, and educational evaluation to be performed by a state-certified professional at no cost to you.

**NAME/ADDRESS/PHONE NUMBER OF MH/MR BASE SERVICE UNIT:**

Government Center  
17 South Seventh Street  
Allentown Pennsylvania 18101  
Phone: 610-782-3135  
Fax: 610-820-3689

**LOCAL CHAPTER OF THE PENNSYLVANIA ARC:**

The Arc of Lehigh & Northampton Counties  
2289 Avenue A, Bethlehem, PA 18017-2107  
Phone: (610) 849-8076 Ext 346  
Email: kshoemaker@arcoflehighnorthampton.org

**LEGAL ASSISTANCE****PENNSYLVANIA BAR ASSOCIATION**

P. O. Box 186  
Harrisburg, PA 17108  
800-932-0311 (Phone)

**DISABILITY RIGHTS PENNSYLVANIA**

800-692-7443 (Toll-Free Voice)  
877-375-7139 (TDD)  
717-236-8110 (Voice)  
717-346-0293 (TDD)  
717-236-0196 (Fax)  
[www.disabilityrightspa.org](http://www.disabilityrightspa.org)

# Innovative Arts Academy Charter School

## ***PROCEDURAL SAFEGUARDS NOTICE***

*School Age*

### **BUREAU OF SPECIAL EDUCATION'S CONSULTLINE, A PARENT HELPLINE 800-879-2301**

ConsultLine personnel are available to parents and advocates of children with disabilities or child thought to be disabled to explain federal and state laws relating to special education; describe the options that are available to parents; inform the parents of procedural safeguards; identify other agencies and support services; and describe available remedies and how the parents can proceed.

Additional Resources appear at the end of this notice.

The Individuals with Disabilities Education Act (IDEA), the Federal law concerning the education of students with disabilities, requires the Local Education Agency (LEA) to provide parents of a child with a disability with this notice containing a full explanation of the procedural safeguards available under the IDEA and the U.S. Department of Education regulations. A copy of this notice must be given to parents only once a school year, or: (1) upon initial referral or parent request for evaluation; (2) upon filing by parents of their first State complaint under 34 CFR §§300.151 through 300.153 and upon filing by parents of their first due process complaint under §300.507 in a school year; (3) when a decision is made to take a disciplinary action that constitutes a change of placement; and (4) upon parent request. [34 CFR §300.504(a)]

This procedural safeguards notice must include a full explanation of all of the procedural safeguards available under §300.148 (unilateral placement at private school at public expense), §§300.151 through 300.153 (State complaint procedures), §300.300 (consent), §§300.502 through 300.503, §§300.505 through 300.518, and §§300.530 through 300.536 (procedural safeguards in Subpart E of the Part B regulations), and §§300.610 through 300.625 (confidentiality of information provisions in Subpart F). This model form provides a format that LEAs may choose to use to provide information about procedural safeguards to parents.

Procedural Safeguards Notice on [PaTTAN](#)

# Innovative Arts Academy Charter School

## Appendix A

### Resources

#### THE ARC OF PENNSYLVANIA

301 Chestnut Street, Suite 403  
Harrisburg, PA 17101  
800-692-7258  
[www.thearcpa.org](http://www.thearcpa.org)

#### BUREAU OF SPECIAL EDUCATION'S CONSULTLINE, A PARENT HELPLINE

800-879-2301  
ConsultLine personnel are available to parents and advocates of children with disabilities or children thought to be disabled to explain federal and state laws relating to special education; describe the options that are available to parents; inform the parents of procedural safeguards; identify other agencies and support services; and describe available remedies and how the parents can proceed.

#### DISABILITIES RIGHTS NETWORK

1414 North Cameron Street  
Suite C  
Harrisburg, PA 17103  
800-692-7443 (Toll-Free Voice)  
877-375-7139 (TDD)  
717-236-8110 (Voice)  
717-346-0293 (TDD)  
717-236-0192 (Fax)  
[www.drnpa.org](http://www.drnpa.org)

#### HISPANOS UNIDOS PARA NIÑOS EXCEPCIONALES (PHILADELPHIA HUNE, INC.)

2215 North American Street  
Philadelphia, PA 19133  
215-425-6203  
215-425-6204 (Fax)  
[huneinc@aol.com](mailto:huneinc@aol.com)  
[www.huneinc.org](http://www.huneinc.org)

#### MISSION EMPOWER

1611 Peach Street, Suite 120  
Erie, PA 16501  
814-825-0788  
[advocate@missionempower.org](mailto:advocate@missionempower.org)

#### OFFICE FOR DISPUTE RESOLUTION

6340 Flank Drive  
Harrisburg, PA 17112-2764  
717-901-2145 (Phone)  
800-222-3353 (Toll free in PA only)  
TTY Users: PA Relay 711  
717-657-5983 (Fax)  
[www.odr-pa.org](http://www.odr-pa.org)  
The Office for Dispute Resolution administers the mediation and due process systems statewide, and provides training and services regarding alternative dispute resolution methods.

#### PARENT EDUCATION AND ADVOCACY LEADERSHIP CENTER (PEAL)

1119 Penn Avenue, Suite 400  
Pittsburgh, PA 15222  
412-281-4404  
866-950-1040 (Toll Free)  
412-281-4409 (TTY)  
412-281-4408 (Fax)  
[www.pealcenter.org](http://www.pealcenter.org)

#### PUBLIC INTEREST LAW CENTER OF PHILADELPHIA

United Way Building  
1709 Benjamin Franklin Parkway, Second Floor  
Philadelphia, PA 19103  
215-627-7100 (Phone)  
215-627-3183 (Fax)  
[www.pilcop.org](http://www.pilcop.org)

#### PENNSYLVANIA BAR ASSOCIATION

100 South Street  
Harrisburg, PA 17101  
800-932-0311  
[www.pabar.org](http://www.pabar.org)

#### THE PENNSYLVANIA TRAINING AND TECHNICAL ASSISTANCE NETWORK (PaTTAN)

Harrisburg 800-360-7282  
King of Prussia 800-441-3215  
Pittsburgh 800-446-5607  
[www.pattan.net](http://www.pattan.net)

#### STATE TASK FORCE ON THE RIGHT TO EDUCATION

3190 William Pitt Way  
Pittsburgh, PA 15238  
1-800-446-5607 ext. 6828

# Innovative Arts Academy Charter School

Appendix B

Part A

## Mediation Request Form

Mediation requested by:  Parent  Local Education Agency

Date: \_\_\_\_\_

Child's Name: Vaelupemaua  
Tamapolu

Date of Birth:  
09/27/2006

Gender: Female

Child's Exceptionality: \_\_\_\_\_

Child's Placement: \_\_\_\_\_

Local Education Agency (LEA): \_\_\_\_\_

Administrator: \_\_\_\_\_

LEA Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Ext: \_\_\_\_\_

Fax No.: \_\_\_\_\_

Cell No.: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

: Parent/ Guardian

(\_\_\_\_\_ phone): \_\_\_\_\_

(\_\_\_\_\_ phone): \_\_\_\_\_

(email): \_\_\_\_\_

Parent Address: Pennsylvania \_\_\_\_\_

Parent Name (if not living with child): \_\_\_\_\_

Parent Address (if not living with child): \_\_\_\_\_

### Information about this Mediation:

Please provide a brief description of the dispute below in order to facilitate the scheduling of the mediation.

Parent Issues:

Local Education Agency Issues:

Has a Due Process Hearing also been requested for this student?  Yes  No

# Innovative Arts Academy Charter School

Appendix B

Part B

## Due Process Complaint Notice

**Today's Date:** \_\_\_\_\_ **Requested by:**  Parent  LEA

**Name of Person Completing this Notice:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**It is your responsibility to notify the opposing party of your request for due process by sending to them a copy of this Due Process Complaint Notice at the same time it is filed with the Office for Dispute Resolution.**

**Has the opposing party been provided a copy of this request?**  Yes  No

If you require special accommodations to participate in the due process hearing, you must contact th LEA with your special needs.

### Child Information

**Child's Name:** Vaelupemaua Tamapolu **Date of Birth:** 09/27/2006 **Gender:** Female

**Child's Exceptionality(ies):** \_\_\_\_\_

**LEA (Local Education Agency):** \_\_\_\_\_ **Program Child Attends:** \_\_\_\_\_

### Parent(s) Residing with Child

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Relationship:**  Mother  Father  Guardian

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Relationship:**  Mother  Father  Guardian

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Parent/Child Address:** 259 E. Union Street, Apt. D Allentown, Pennsylvania 18109

**Parent Attorney:** \_\_\_\_\_ **Attorney Address:** \_\_\_\_\_

**Attorney Phone:** \_\_\_\_\_ **Attorney Fax:** \_\_\_\_\_ **Attorney Email:** \_\_\_\_\_

### Parent Not Residing with Child

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Relationship:**  Mother  Father  Guardian

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Relationship:**  Mother  Father  Guardian

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Parent Address:** \_\_\_\_\_

**Parent Attorney:** \_\_\_\_\_ **Attorney Address:** \_\_\_\_\_

**Attorney Phone:** \_\_\_\_\_ **Attorney Fax:** \_\_\_\_\_ **Attorney Email:** \_\_\_\_\_

### Local Education Agency (LEA) Information

\_\_\_\_\_

**I. LEA Contact**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Position Title: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_

**II. Administrator/CEO**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Position Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**III. LEA Attorney**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Attorney Address: \_\_\_\_\_  
 Attorney Phone: \_\_\_\_\_ Attorney Fax: \_\_\_\_\_ Attorney Email: \_\_\_\_\_

**IV. The Due Process Hearing will be held at the following address:**

*(Building Name, Address and Room Number/Name - to be completed by the LEA)*

\_\_\_\_\_

**Information About the Due Process Complaint Notice**

**A. Does your issue pertain to a Hearing Officer Decision which has not been implemented?**  Yes  No

(If yes, the Bureau of Early Intervention Services will be notified, and will investigate the matter. Due Process is not available when the issue pertains to non-implementation of a Hearing Officer Decision.)

**B. The law states that a party may not have a due process hearing until a Due Process Complaint Notice is filed, which meets all of the legal requirements. An opposing party may challenge the sufficiency of the Due Process Complaint Notice if it is lacking sufficient information. You must describe the nature of the problem giving rise to this request for due process, including as many facts to support your position as possible. You must also provide a proposed resolution of the problem to the extent known and available to you.**

**Nature of the Problem:**

**Proposed Resolution:**

**If you know the opposing side's position on this matter, you may provide it here, although it is not required by law:**

**C. Prior to a due process hearing taking place, the law requires the parties to participate in a Resolution Session, unless both sides agree in writing to waive this requirement. Please complete the following information:**

**1. A Resolution Meeting to discuss these issues is scheduled for:** \_\_\_\_\_

**2. A Resolution Meeting was held on:** \_\_\_\_\_

**3. Participation in the Resolution Meeting was waived by both parties and the LEA in writing on:**  
\_\_\_\_\_

**4. In lieu of a Resolution Meeting, I am requesting mediation\*:**

\* If #4 is checked, the ODR Mediation Case Manager will be in contact with the parties.

Please **MAIL** or **FAX** a copy of this form to the opposing side and to the Office for Dispute Resolution:

**Office for Dipute Resolution**  
**6340 Flank Drive**  
**Harrisburg, PA 17112-2764**  
**Phones**  
**717-541-4960**  
**800-222-3353 (PA only)**  
**800-654-5984 (TTY)**  
**717-657-5983 (Fax)**

You will be contacted by a Case Manager from ODR upon receipt of this Due Process Complaint Notice.

Additional information about due process is available by accessing the website at [odr.pattan.net](http://odr.pattan.net) and the **Special Education Dispute Resolution Manual**.

Parents may also contact Connect (Information Service for Early Intervention) at: 800-692-7288 (for TTY, dial 711 for Relay Service).

# Innovative Arts Academy Charter School

## Complaint Form

Please feel free to make copies of this form, use additional paper, or call the ConsultLine at 1-800-879-2301 or the Bureau of Special Education (BSE) at 717-783-6913 for additional copies.

My preferred method of contact by the Adviser assigned to this complaint would be:

By Phone (Number): \_\_\_\_\_  
Best time during normal business hours to call \_\_\_\_\_

In person at a public facility during normal business hours. The location would probably be a school or Intermediate Unit building to permit duplication of documents.

Are you filing this complaint on behalf of a specific child?  Yes  No

Please provide your contact information, relationship to child, and signature.

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number:

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship to child or children:

Parent  Attorney  Advocate  Other: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*NOTE: THIS MUST BE SIGNED FOR BSE TO INVESTIGATE.**

The name and address of the residence of the child, school, and school district.

Child's Name: Vaelupemaua Tamapolu

Date of Birth: 09/27/2006

Address: 259 E. Union Street, Apt. D  
Allentown Pennsylvania 18109

Is the child currently in school?  Yes  No

If so, where is the child's current program?

School/School District: \_\_\_\_\_

Complete only if the complaint is filed on behalf of a homeless child or youth.

Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Did the violation occur within the past year? If so, on or about what date?

Date: \_\_\_\_\_

To clarify my allegations, I would like the Adviser to interview the following person(s).

Name	Occupation/Title	Phone Number/Email Address
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Please provide a statement about the violation or issue, which you believe has occurred. Please include a description about the nature of the problem.

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Please list the facts that support your statement.

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To the best of your knowledge, please suggest a solution to this problem.

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You must send a copy of this complaint form to the LEA. By signing below, you indicate to BSE that you have provided a copy of the complaint to the LEA.

\_\_\_\_\_

Signature \_\_\_\_\_ Date

**Please return form to: PDE/BSE, Division of Compliance Monitoring and Planning,  
333 Market Street, 7th Floor, Harrisburg, PA 17126-0333**

**ConsultLine - CRP** \_\_\_\_\_  
Initials \_\_\_\_\_ Date