

HOUSTON INDEPENDENT SCHOOL DISTRICT
OFFICE OF SPECIAL EDUCATION SERVICES

- ☐ First Notice
☒ Second Notice
☐ Third Notice

PRIOR WRITTEN NOTICE (NOTICE OF ADMISSION, REVIEW,
AND DISMISSAL/INDIVIDUALIZED EDUCATION PROGRAM
(ARD/IEP) TEAM MEETING)
34CFR §300.503

RE: Morgan Jean Henderson To Adult Student/Parent: Morgan Jean Henderson / Miyaka Tillman
CHILD
School: Kashmere Hs

This notice of an Admission, Review, and Dismissal/Individualized Education Program (ARD/IEP) Team meeting is to discuss the educational programming for you/your child.

Functions of the ARD/IEP Team:

The ARD/IEP Team will review individual evaluation results and all other information collected to decide if you / your child meet(s) the federal/state definition of a child with a disability and need(s) special education services. This Team meets at least once a year to develop, review, and/or revise your or your child's individualized education program (IEP). You may also request an ARD/IEP Team meeting to discuss placement, IEP goals and objectives, social and behavioral supports and services and the extent of services being provided to you / your child.

The ARD/IEP Team Meeting is Scheduled on:

10/24/2022	10:00 AM	11:00 AM	Kashmere High School	Rm #116
DATE	START TIME	END TIME	PLACE/LOCATION	ROOM

1. The purpose of the meeting is to:

- | | |
|--|--|
| <input type="checkbox"/> Admission / Initial | <input type="checkbox"/> Temporary Placement of a Transfer Student |
| <input checked="" type="checkbox"/> Annual | <input type="checkbox"/> Dismissal / Graduation |
| <input type="checkbox"/> Review | <input type="checkbox"/> Temporary Placement of a 3 Year Old |

2. Additional Meeting Purposes:

- | | | |
|---|---|---|
| <input type="checkbox"/> Identification | <input type="checkbox"/> Promotion | <input type="checkbox"/> Manifestation Determination Review |
| <input type="checkbox"/> Evaluation | <input type="checkbox"/> Secondary Services | <input type="checkbox"/> IEP Course Review - Failure |
| <input type="checkbox"/> Discipline | <input type="checkbox"/> Graduation | <input type="checkbox"/> Additional Evaluations |
| <input checked="" type="checkbox"/> Transition | <input checked="" type="checkbox"/> ESY | <input type="checkbox"/> Re-Evaluation (REED) |
| <input type="checkbox"/> Dismissal | <input type="checkbox"/> IEE | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Program (IEP) | <input type="checkbox"/> Placement | |

3. Reason(s) action(s)/option(s) proposed:

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Federal / State Requirement | <input checked="" type="checkbox"/> Initiate / Review Transition Goals | <input type="checkbox"/> Parent Request |
| <input checked="" type="checkbox"/> Provide Needed Services | <input type="checkbox"/> Review Compensatory Services | <input checked="" type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Discuss Progress | | |

Other Action(s) Proposed:

Dyslexic service change

4. Reason(s) action(s)/option(s) considered:

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> General Education | <input type="checkbox"/> Tutoring | <input checked="" type="checkbox"/> Report Cards |
| <input type="checkbox"/> Bilingual/ESL Program | <input type="checkbox"/> Counseling | <input checked="" type="checkbox"/> Classroom Observation Reports |
| <input checked="" type="checkbox"/> Instructional Interventions | <input type="checkbox"/> Staff Change | <input checked="" type="checkbox"/> School/Medical Records |
| <input type="checkbox"/> Alternative Program | <input type="checkbox"/> 504 Services | <input checked="" type="checkbox"/> Achievement Tests |
| <input type="checkbox"/> Behavioral Interventions | <input checked="" type="checkbox"/> Teacher Reports | <input type="checkbox"/> Other |
| <input type="checkbox"/> Schedule Change | | |

5. Reason(s) action(s)/option(s) refused:

- | | |
|---|--|
| <input type="checkbox"/> Does Not Meet Federal/State Requirement | <input checked="" type="checkbox"/> Need for Annual ARD/IEP Review |
| <input type="checkbox"/> Lack of Educational Opportunity | <input type="checkbox"/> Multiple Schedule Changes Have Been Ineffective |
| <input type="checkbox"/> Limited School Attendance | <input type="checkbox"/> Age Requirement |
| <input type="checkbox"/> Evaluation is Current | <input type="checkbox"/> Proposed is More Restrictive |
| <input type="checkbox"/> 504 Services Are Available | <input checked="" type="checkbox"/> All Options Remain Open |
| <input type="checkbox"/> Current Staff / Program Appear Appropriate | <input type="checkbox"/> Other |

1 Complete and attach ARD/IEP Supplement: *Notice of Proposal or Refusal*, if services are refused.

2 You were previously sent the Notice of Full and Individual Evaluation which described the evaluation procedures and tests which would be used to determine your/your child's educational needs.

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Participants

Role	Invited
Student	Yes
Parent	Yes
Special Education Teacher	Yes
General Education Teacher	Yes
Administrator	Yes
SpEd Chairperson	Yes
Special Education Chairperson	Yes
CTE	Yes

The following agencies have been asked to attend the meeting: 34 CFR §300.322(b)

- ☐ Texas Workforce Commission
☐ Infant and Toddler Service Coordinator
☐ Health & Human Services Commission (HHSC)
☐ The Harris Center for Mental Health and IDD
☒ Not Applicable
☐ Other

Notice of Procedural Safeguards: Rights of Parents of Children with Disabilities (Procedural Safeguards) was given to:

- ☒ The Parent of a Child
☐ The Adult Student with a Disability
☐ Not Applicable

The following evaluation procedures, tests, records, or reports will be reviewed and discussed: 34 CFR §300.503(b)(4)

- ☒ Full and Individual Evaluation (e.g., language, physical, emotional/behavioral, sociological, intellectual, educational performance)
☒ School Records (e.g., grades, attendance records, teacher's observations, achievement test scores, discipline records)
☐ Independent Educational Evaluation (IEE) Report(s)
☒ Parent Information
☐ Report from outside agencies
☐ The Team will discuss, at your request, the provision of any educational or related service not proposed for discussion by the district, and other factors relevant to the ARD/IEP Team meeting, if applicable.
☐ Other

SAMPLE ARD/IEP Meeting Agenda
Elementary / Middle / High / Alternative / Charter School

School:	Student:	ARD/IEP Meeting Date:	Meeting Start Time:	Meeting End Time:	Meeting Location:	Primary Meeting Purpose:
Kashmere Hs	Morgan Henderson	10/24/2022	10:00 AM	11:00 AM	Kashmere High School	Annual

ARD/IEP Meeting Group Norms

Begins and ends on time.

Agenda Topics	Time
Welcome, Introductions, Purpose, and Review of Agenda	10:00 AM

Notice of Transfer of Parental Rights: (TAC §89.1049; 34CFR §300.520)

A child with a disability who is 18 years of age or older or whose disabilities of minority have been removed for general purposes under Chapter 31, Family Code, shall have the same right to make educational decisions as a child without a disability, except that the school district shall provide any notice required by IDEA, Part B to both the child and the parents. All rights accorded to parents under IDEA, Part B transfer to the child. A notice of an admission, review, and dismissal/individualized education program (ARD/IEP) Team meeting does not constitute an invitation to attend the meeting.

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Sources for parents/adult students to contact to obtain assistance in understanding the Notice of ARD/IEP Team Meeting provisions:

Houston ISD - Office Special Education Services

Phone: (713) 556-7025 **Website:** <http://www.houstonisd.org/Page/58432>

Ardalia Idlebird, *Interim Executive Director, Special Education Services*

Shawna Punch, *Senior Manager, Special Education Services*

Mary Kay Kinnett, *Director for Speech-Language Services and Special Education Evaluations*

Region IV Education Service Center 7145 Tidwell Road Houston, Texas 77092, (713) 462-7708 www.esc4.net/specialeducation	Texas Workforce Solutions Vocational Rehabilitation Services 6220 Westpark, Suite 110 Houston, Texas 77057, (713) 267-8510 www.twc.state.tx.us
The Arc of Greater Houston 3737 Dacoma, Suite E Houston, Texas 77092, (713) 957-1600 www.aogh.org	Arc of Greater Houston - Familias Hispanas del Arc Spanish Support Group 4410 Navigation Blvd. Houston TX 77011, (713) 957-1600 ext. 117 Email Contact: myrta@aogh.org
Disability Rights, Texas 1500 McGowen St., Suite 100 Houston TX 77004, (713) 974-7691 Toll-Free Intake Line for New Callers: 1-800-252-9108 www.disabilityrightstx.org	Learning Disabilities Association of Texas P.O. Box 831392 Richardson, TX 75083-1392 www.ldatx.org Email Contact: contact@ldatx.org
Special Kids, Inc. 9001 Airport Blvd., Suite 707 Houston, Texas 77036, (713) 783-KIDS (5437) www.specialkidsinc.com Email Contact: info-help@specialkidsinc-tx.org	Texas Project First www.texasprojectfirst.org 1-855-SPEDTEX (1-855-773-3839)

Action When Agreement Is Not Reached

This prior written notice is required to be provided to you **within 5 school days** of the ARD/IEP meeting. In accordance with state and federal laws, HISD must wait 5 days to implement this IEP. If you agree to waive the 5 day waiting period, the IEP can be implemented immediately. Your agreement or disagreement is voluntary.

If, during the 5 day period provided by the notice you withdraw your agreement or the ARD/IEP Team does not reach mutual agreement, you will be offered a single 10 day recess, in order to allow you and the District the opportunity to reach mutual agreement. If, after the 10 day recess, the ARD/IEP Team does not reach mutual agreement, the District shall provide an additional Prior Written Notice and may implement the IEP it determined to be appropriate for the child/adult student.

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10/03/2022
Date Sent/Mailed/Given

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Please return this form by: 10/21/2022
Date



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Return this page to:

DyEasha Branch
General Clerk II 11M
Kashmere Hs
(713) 636-6400

CHILD: Morgan Jean Henderson
SCHOOL: Kashmere Hs

Please check appropriate statement(s) below and return.

- ☐ I will attend the ARD/IEP Team meeting on date: 10/24/2022 at time: 10:00 AM
- ☐ I would like to attend the meeting, but cannot do so at the time suggested. Please contact me at _____ to reschedule.
Phone Number/e-mail
- ☐ I will not be able to attend the meeting. Please have it without me. I understand that a copy of the ARD/IEP report will be forwarded to me.
- ☐ I will not be able to attend the meeting in person, but would like to participate via phone. Please contact me at _____ at the scheduled time
Phone Number
- ☐ I waive the required waiting period of five school days between the *Notice of the ARD/IEP Team Meeting* and the meeting itself.
- ☐ I request the following:
- | | |
|--|--|
| <input type="checkbox"/> a copy of the goals and objectives before the meeting | <input type="checkbox"/> an explanation of the goals and objectives before the meeting |
| <input type="checkbox"/> a copy of the evaluation before the meeting | <input type="checkbox"/> an explanation of the evaluation before the meeting |
| <input type="checkbox"/> notification by email: _____
Email Address | |

The parent, adult student or the district has the right to invite other individuals who have knowledge or special expertise regarding the child, including related services personnel. Please indicate the name(s) and title of person(s) who will be attending the meeting with you (OPTIONAL): 34 CFR §300.321

1. _____ 2. _____

NAME	TITLE	NAME	TITLE
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Comments:

The school district must invite a representative of any participating agency likely to be responsible for providing or paying for transition services to attend the ARD/IEP Team meeting if a purpose of the meeting will be the consideration of the postsecondary goals for the child/adult student and the transition services needed to assist the child/adult in reaching those goals.

Your signature below indicates that you consent to the attendance of the public agencies indicated in this Notice of the ARD/IEP Team Meeting that are likely to be responsible for providing or paying for transition services.. 34 CFR §300.321

SIGNATURE OF PARENT, ADULT STUDENT, GUARDIAN, OR SURROGATE PARENT

DATE

SIGNATURE OF INTERPRETER, IF USED 34 CFR §300.503

DATE

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Parent/Adult student must receive a completed Prior Written Notice (Notice of the ARD/IEP) Team Meeting and return the signed Notice of the ARD/IEP Team Meeting form.

Your rights were explained to you when you/your child were/was initially referred for a special education evaluation. Federal regulations require that the parent/adult student be provided a full explanation of all notices (i.e., Procedural Safeguards) in their native language or other mode of communication each time the District proposes or refuses to initiate or change the identification, evaluation, or educational placement of the child or the provision of a Free Appropriate Public Education (FAPE) to the child. Parents of a child and/or an adult student with a disability have/has protection under the Procedural Safeguards. If this is notice of an initial ARD/IEP meeting, another copy of the Procedural Safeguards is attached to this form. If you have questions you may contact your Special Education evaluation personnel.

Your signature below indicates that you understand the contents of this notice. 34 CFR §300.500; 300.535

Date given: 10/24/2022 To: Miyaka Tillman Parent Signature: _____ Date: _____
By Houston ISD Representative: DyEasha Branch Position/School: General Clerk II 11M Phone: (713) 636-6400

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