



Exceptional Student Education  
**Informed Notice/Change of Placement or Dismissal**

Student Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Other ID: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Primary Language at Home: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Home Phone: \_\_\_\_\_  
Parent/Guardian Address: \_\_\_\_\_

In order to meet the educational needs of your child, the school district has proposed to take the following action regarding a free appropriate public education for your child. Please be advised that your child:

☐ is eligible for continued placement in the following special education program(s)/service(s):  
\_\_\_\_\_

☐ is eligible for additional placement in the following special education program(s)/service(s):  
\_\_\_\_\_

☐ is no longer in need of the following special education program(s)/service(s):  
\_\_\_\_\_

☐ is in need of an increase in the amount of the following services or accommodations:  
\_\_\_\_\_

☐ is in need of a reduction in the amount of the following services or accommodations:  
\_\_\_\_\_

**The recommendation is based on the following sources of evaluation:**

**Intellectual Evaluations:**

- |   |  |
|---|--|
| <input type="checkbox"/> Wechsler Intelligence Scale for Children | <input type="checkbox"/> Developmental Profile                   |
| <input type="checkbox"/> Wechsler Nonverbal Scale of Ability      | <input type="checkbox"/> Naglieri Nonverbal Ability Test         |
| <input type="checkbox"/> Kaufman Assessment Battery for Children  | <input type="checkbox"/> Reynolds Intellectual Assessment Scales |
| <input type="checkbox"/> Other: _____                             |  |

**Process Tests:**

- |  |   |
|--|---|
| <input type="checkbox"/> Woodcock-Johnson Cognitive                    | <input type="checkbox"/> Comp. Test of Phon. Processing   |
| <input type="checkbox"/> Beery-Buktenika Visual Motor Integration Test | <input type="checkbox"/> Bender Visual-Motor Gestalt Test |
| <input type="checkbox"/> Other: _____                                  |   |

**Physical/Occupational Therapy Assessments:**

- |  |  |
|--|--|
| <input type="checkbox"/> Occupational Therapy Evaluation | <input type="checkbox"/> Criteria for Educationally Relevant Therapy |
| <input type="checkbox"/> Physical Therapy Evaluation     | <input type="checkbox"/> Assistive Technology Evaluation             |
| <input type="checkbox"/> Other: _____                    |  |

**Academic Assessments:**

- |   |   |
|---|---|
| <input type="checkbox"/> Gray Oral Reading Test                         | <input type="checkbox"/> Wechsler Individual Achievement Test             |
| <input type="checkbox"/> Kaufman Test of Ed. Achievement                | <input type="checkbox"/> Kaufman Survey of Early Academic/Language Skills |
| <input type="checkbox"/> Woodcock-Johnson Test of Achievement           | <input type="checkbox"/> Diagnostic Assessment of Reading                 |
| <input type="checkbox"/> Progress Monitoring – RtI Tier 3 Interventions | <input type="checkbox"/> Young Children's Achievement Test                |
| <input type="checkbox"/> Other: _____                                   |   |

**Adaptive Scales:**

- |  |   |
|--|---|
| <input type="checkbox"/> Adaptive Behavior Assessment System | <input type="checkbox"/> Developmental Profile            |
| <input type="checkbox"/> Vineland Adaptive Behavior Scales   | <input type="checkbox"/> Battelle Developmental Inventory |
| <input type="checkbox"/> Other: _____                        |   |

**Behavioral/Projective Assessments:**

- |  |  |
|--|--|
| <input type="checkbox"/> Behavior Assessment System for Children | <input type="checkbox"/> Rtl/Behavior Intervention               |
| <input type="checkbox"/> Child Behavior Checklist                | <input type="checkbox"/> Functional Behavior Assessment          |
| <input type="checkbox"/> Autism Spectrum Rating Scale            | <input type="checkbox"/> Autism Diagnostic Observations Schedule |
| <input type="checkbox"/> Other: _____                            |  |

**Speech Tests:**

- |   |   |
|---|---|
| <input type="checkbox"/> Goldman-Fristoe Test of Articulation | <input type="checkbox"/> Oral-Peripheral Exam |
| <input type="checkbox"/> Stuttering Severity Instrument       | <input type="checkbox"/> Other: _____         |

**Language Tests:**

- |   |  |
|---|--|
| <input type="checkbox"/> Test of Lang. Dev. – Prim./Interm.     | <input type="checkbox"/> Compr Recept and Express Vocab Test |
| <input type="checkbox"/> Express./Recept. One-Word Pict. Vocab. | <input type="checkbox"/> Social Lang. Dev. Test – Elem./Adol |
| <input type="checkbox"/> Oral and Written Language Scales       | <input type="checkbox"/> Compr Assess of Spoken Language     |
| <input type="checkbox"/> Clinical Eval. of Lang. Fundamentals   | <input type="checkbox"/> Comprehensive Test of Phon Process  |
| <input type="checkbox"/> Word Test                              | <input type="checkbox"/> Other: _____                        |

**Other:**

- |  |   |
|--|---|
| <input type="checkbox"/> Checklist of Gifted Characteristics | <input type="checkbox"/> Social/Developmental History |
| <input type="checkbox"/> Student Interest Survey             | <input type="checkbox"/> Medical Information          |
| <input type="checkbox"/> IEP Goal Progress                   | <input type="checkbox"/> Other: _____                 |

**To meet your child's educational needs,** the Individual Education Plan (IEP) committee met on (date) to ☐ develop a new IEP / ☐ amend the current IEP dated: \_\_\_\_\_. The IEP committee considered the following options and has recommended placement in a:

- ☐ Regular Class (more than 79% with non-disabled)  
☐ Resource Room (more than 40%, but less than or equal to 79% with non-disabled)  
☐ Separate Class (less or equal to 40% with non-disabled)  
☐ Hospital/Homebound  
☐ Other: \_\_\_\_\_

**The other placement options** were rejected by the committee because they:

- ☐ Did not provide the least restrictive environment for your child.  
☐ Did not provide the amount of individual or small group instruction required by your child.  
☐ Other: \_\_\_\_\_

This placement will be effective (date).

Other factors relevant to this recommendation include: \_\_\_\_\_

Your written consent for the recommended initial placement is required prior to implementation of the plan for your child. Upon consent for initial placement, you will receive written notice if any placement change is recommended in the future. As parent(s)/guardian(s) of a child with a disability you have protections under the procedural safeguards of the Individuals with Disabilities Education Act (IDEA) and Rule 6A-6.03311, FAC, *Procedural Safeguards for Students with Disabilities* and/or Rule 6A-6.03313, FAC, *Procedural Safeguards for Students Who Are Gifted*. These documents are also available on the School Board website at [www.sbac.edu](http://www.sbac.edu). Should you want additional copies of the Procedural Safeguards or additional information about your rights, you may contact

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Location: \_\_\_\_\_ Phone: \_\_\_\_\_

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Location: \_\_\_\_\_ Phone: \_\_\_\_\_

Date mailed or shared with parent/guardian: \_\_\_\_\_