

CHAPTER 1

D a a ? . . 1

CHAPTER 2

H  , a a

D M C N S a

S P a, S a, I a, E a D a

S a a a a a ab
a a a - a a a :

- C b a
- D a
- La ab a -a a a
- R a a
- D a a
- ab a
- H a b a a a a
a , a b
- D a a a ,
a a
- C b a a b a a
, ab a

Y a a -
a . T a a
a a - a a b b
a a .

S

Y , a a a a
a a a a a . T
a a a a a a
:

-

CHAPTER 2

H I M C ' S a
E a P a D a ?

S a E a

U P a a a a a, a a
ab a a a a a a
a a :

- U b a .
- W a (a b x)
(a 3-5), a , a

- I L a R E (LRE).
- T a a ab a
a a_x a a
a ab ,
a a a .

- I a Individualized
Education Program (IEP). T a a
ab a
.8J 0 T .6 1 E 10 () 2 () -21 () 22 19

 , a   b a a
 IEP  a  a . T
 b a a a a a
 a . I a
 a a a a b a a . Y
 a b
 a b a

- R b a IEP a a :
- T ' a () a a a
 - A a ' a a
 a (a , a ,
 a a a)
 - A a a a a
 - A a   :
 - Is qualified to provide or supervise
 a a a
 - K  ab a a
 - K  ab ~~ab~~ ab
 a a a a (LEA) a
 - S  a ~~x~~ a  a a ,
 a a a b a b a
 - O    
   (Y a  a
 a  a a  , a  
 b ab a a ab ,
 a a ~~x~~ . T a b a -
 a a  a , a a b , a a
 , a  a , .)
 - Y a a 14,  a  b
 a a a , a b a 14
 a  b a a ,
 a a a .
 - A a  a a a a
 a a / a a b

A a b a a ab 
 . I a ,  b a a a
 IEP : , LEA a  , a a
 a a , a a a a a a (
 a a a a a a a).
 T a a a a a a -
 a , b b a
 a b . Ma a b IEP a a
 b ~~x~~ a  . I a b ~~x~~ a /
 b a a a b , /
  b .
 I a IEP , a b
 .

- T a a a , a ,
a a a . I
ab a a , a a a ,
a a b a a a
, . Pa a a a
b IEP.
• S a a -

□, b
□, a □
V a a R ab a , a
a a . C a
□ □ O
a . b

- L a a a a , a , a a
a ab a a .
- B a a a a a a
b . T IEP a
x B a b a a .
- D a a a a a a
a . T IEP a a a a a a

CHAPTER 3

W a A S
R M C
a M ?

Ba R Pa

S a a a a
a a
b a , a .U
Fa E a a R a P a A
(FERPA), a b a
a a a .I b
a a , a
a a a , a a
a

Ma , Ca , a S B

E a a a a b
ab b a a
, b b a a a
a a a a a a
a a a .Ea a
a a b a a a a
a , a a a
a .S a a a
b a a a a
, b a a b ,
a a a a 28 a

H S Ga a

A a a a
P a a a a

N \square \square : a b

• C a (a , b)

• P , b a \square a a b
ab

• L , b \square ,
a \square

a a x

• N \square (a , a) b a

• W ba , a \square
a , \square a , a

• T a a a a (\square a ,
a a a a)

• E

• P a (a , b
a \square)

• S a a a a . (T \square a
 \square a a a \square a
 \square a .)

D a x E

T a a a P \square a a
 \square a a \square a a \square
a a . B a () 7 () 4 () 4 () -19 () 1

b a   b a a
 a a a

a a b a (FAPE). T ' IEP
a a a a a a -
a a IEP.

T a a a
a b a a
a a a a . I a
a a ab , a -2 J 0 T ET T

CHAPTER 4

W a ID a W S
O a A M C '
E a P a T
M C ' R A B
D ?

T R Pa

I b , a a
a
a , a . I
a , a b .
Y a , a a
a a ab a . Y a
a a IEP a
, a a a a .
T IEP a a a a a
a a ab
A a a a a
a a , b
a a a . Y a
a IEP a , a a ,
a a a
a a a a
, a .
I a a a a
a a a
a b a b
a a a b a ,
a a a . T
a b a IEP
10 b a b
b . I , -
b a b . I
a a a a
, b a b
a a a b
a a . R b a b
a a a a
a b a ab .
A x b a : a b -
• a ab a E ,
• a a a
a a a
,

- $\int_a^b f(x) dx = \int_a^c f(x) dx + \int_c^b f(x) dx$
- $\int_a^b f(x) dx = -\int_b^a f(x) dx$

R Y C E

a b a a b
b ab a
T a , a b ,
a , a a , a
.

Ea a a a a a
, .P a a ,
a a a b a a
a a .W a .

B a a a a a
.A a a b a a a
b a a a b a
b a .A a a -
a b

T a b a a a ab
a a .T a b
b a a
a b .A a 6(). 6 a. () 3 a a

W a a a a a a
 a a a a ab , a
 b a a a
 b a a . H   , -
 a a a a   a a
 a a b .
 E  ,   a a
 a ,  a . W a a
 a a b 

PERMISSION TO EVALUATE - EVALUATION REQUEST FORM

LT

LT _____

Proced al Safeg a d No ice

Permi ion oE al a e-E al a ion
Re e Form 00-441-3215.

R R a
I E a a

_____ _____ _____

_____ _____

R **a P** -H a **C** .

Your address

Your phone number at home

Your phone number at work

Date

Principal's name

School name

School address

Dear principal's name:

I am the parent of your child's full name whose date of birth is month/day/year. Your child's first name is in the number grade in room number. My child is not doing well in his/her special education program and I am requesting a pre-hearing conference to discuss my concerns about my child's IEP and placement. In particular, I am concerned about: list specific things that you are worried about concerning your child's progress, annual goals or short term objectives, behavior, related services, class and so forth.

I am available on the following days and at the following times:

1. Date and Time

2. Date and Time

Please let me know as soon as possible when the conference will be held. I understand that it must be held within ten days of this request.

Thank you for your consideration.

Sincerely,

Your name

R

The Arc of Pennsylvania

800-692-7258

  . a a.

Bureau of Special Education ConsultLine

800-879-2301

Disability Rights Network of PA (DRN)

800-692-7443

  . a.

Education Law Center

215-238-6970

  . - a.

Hispanics United for Exceptional Children (HUNE, Inc.)

