



Ionia County Intermediate School District

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Robert J. Kjolhede
Superintendent

Michael A. Keast
Deputy Superintendent

W. Scott Hubble
Ass't. Supt/Special Education

Prior Written Notice of Referral for Special Education

TO: _____, Parent/Guardian
_____, Classroom Teacher
_____, Special Education Coordinator

DATE: _____

STUDENT: _____

REFERRAL SOURCE: _____

TITLE: _____

Your child is suspected of having a disability that may be affecting his/her education. Therefore, your child has been referred to Ionia County Intermediate School District for a possible comprehensive evaluation(s). _____ will be contacting you soon to:

1. Explain the purpose of the referral and pending evaluation(s);
2. Get your input (verbal and/or written); and
3. To obtain your written consent for any proposed evaluations the team deems necessary.

Enclosed is a copy of the *Special Education Parent Handbook with Procedural Safeguards*. This document explains both the special education process and your rights. It also provides a description of various programs available to students in Ionia County. If you have any questions and/or concerns, please contact _____ at _____ (phone) and/or _____ (email).

MISSION STATEMENT:

Ionia County Intermediate School District will cooperate and provide services and leadership as a partner with its local districts, public and private agencies, other ISDs, the department of Education and higher education, to deliver quality teaching and learning to students and staff.