Dare to Dialogue...
Reach YES!

A Resource for Families of Children Receiving Special Education

We’ve Never Done That Before
We Can’t Do That!
We Don’t Have the Funds

A project of
South Dakota Advocacy Services
and
South Dakota Parent Connection
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Evaluation Process

Referral submitted by parent, educator

Evaluation

Reevaluation

Eligible for services - Yes or No?
(If yes, then the team develops an IEP; determines placement and service delivery)
This checklist will help identify areas of concern and/or reasons for referral.
Language Arts

Recognizes letters of the alphabet

Recognizes words

Understands what he/she needs
Numbers/Mathematics

Telling time
Measuring
Calculations

1 + 1 = 2
Behavioral/Social
Communication

Difficulty expressing what he/she wants to say
Motor (Muscle) Skills

- Throwing/catching
- Balances/reflexes
- Walks on tiptoes
- Handwriting
Study/Work Skills

- Disorganized
- Remaining seated
- Completing tasks
Daily Living Skills
Dear [Principal’s or Administrator’s name],

I am writing to request that my son/daughter, [child’s name], be evaluated for special education services. I am concerned about [child’s name] performance and progress in school and believe he/she may need special services. [Child’s name] is in the (#) grade at [name of school]. [Teacher’s name] is his/her teacher.

Specifically, I am concerned because [child’s name] does/does not... (give a few direct examples of your child’s problems at school).

If Applicable: [child’s name] has been identified as having [name of disability/disorder] by [name of professional]. Enclosed is a copy of the report(s) I have received that describes [child’s name] condition.

Optional: We have tried the following to help [child’s name]: (If you or the school have done anything extra to help your child, briefly state it here).

I understand that I must give written permission in order for [child’s name] to be evaluated. If this letter is not sufficient permission to begin the evaluation process, please contact me by phone [number] or email [address] so that you can provide me with the information or documents needed to begin the process. I am requesting copies of all evaluation results and reports prior to the time of the meeting to determine [child’s name] eligibility for special education services.

Thank you for your prompt attention to my request.

Sincerely,
You Ask, But Get Told No

Statement:

We don’t need to address that issue.
PARENTAL PRIOR WRITTEN NOTICE
ARSD 24:05:30:04 & 24:05:30:05

STUDENT NAME: ___________________________ SIMS: ___________________________

PARENT/GUARDIAN NAME: ______________________________________________________

DATE SENT: ___________________________

SCHOOL DISTRICT: _____________________________________________________________

SCHOOL: ___________________________

DOB: ___________________________ AGE: ___________________________ GRADE: ___________________________

Action proposed or refused by the district:

Evaluation for Special Education Services
☐ The district declines to conduct an initial evaluation of your child for special education services
☐ The district declines to conduct a reevaluation of your child for special education services

Identification
☐ Is not eligible for special education and related services
☐ Is eligible for special education under the category(ies) of ___________________________
☐ Continues to be eligible for special education under the category(ies) of ___________________________
☐ Eligibility category is being changed from ___________ to ___________
☐ Will receive the following related services in order to benefit from special education: ___________________________
☐ Will continue to receive the following related services to benefit from special education: ___________________________
☐ Is no longer in need of the following related services in order to benefit from special education: ___________________________

Educational Placement/Change in Educational Placement
☐ Initial educational placement is ___________________________
☐ Educational placement is being changed from ___________ to ___________
☐ No longer meets eligibility criteria and will be exited from the special education program
☐ Is graduating with a high school diploma and will be exited from the special education program
☐ Has reached the maximum age of entitlement (21 years old) and will be exited from the special education program

Individual Education Plan
☐ Development of Individual Education Plan
☐ Addendum to Individual Education Plan

Disciplinary Change in Placement
☐ The district is proposing a disciplinary change of placement to the following Interim Alternative Educational Setting: ___________________________
☐ The district is declining to make a disciplinary change of placement

Other Decisions: (Identify the Proposal or Refusal)
☐ Proposals: ___________________________
☐ Refusals: ___________________________

Explanation of Action Proposed or Refused: (Must address each section below)
a. Explanation of why the district proposed or refused to take the action:
PARENTAL PRIOR WRITTEN NOTICE
ARSD 24:05:30:04 & 24:05:30:05

b. Description of other options that the IEP team considered and the reasons why those options were rejected:

c. Description of each evaluation procedure, assessment record or report the district used as a basis for the proposed or refused action:

d. Description of other factors that are relevant to district’s proposal or refusal:

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Five Calendar Day Notice Requirements
In South Dakota, prior notice must be given to parents five calendar days before the district’s proposed action or refusal goes into effect. Parents have the right to waive the five calendar day prior notice requirement.

The district proposes to implement the above action(s) on ____________

- I wish to waive the mandatory five calendar day waiting period which will start the changes noted in this prior written notice on ____________

  (Parent Initial) ____________  Date ____________

If you have questions, please contact ____________ at ____________.

Parental Rights Resources:
You have protections under procedural safeguards. If you need a copy of these procedural safeguards or assistance understanding your protections, please contact the person noted above or South Dakota Parent Connection at 1-800-640-4553.

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District Only:
☐ Prior Written Notice was given to the parent by ____________ on ____________
☐ Prior Written Notice was sent to the parent by ____________ on ____________

Method of delivery: ____________
You Ask, But Get Told No

Statements:

Your student has to fail our programs before we would consider a more restrictive option. We need to try all of our programs before we consider options such as day, residential, or out-of-district placement.
Asking Questions To Have The Right Conversation

• Asking open ended questions....
  – So tell me more about that
  – What does that look like…
  – What is it about that...
  – What is happening when...
  – Who can I talk to so I can learn more about that...
  – Can you show me...
Tips and Tools

• Remember who!
• Begin by sharing something you like, admire or appreciate about the student. *Start on a positive note, set the tone!*
• Person Centered Thinking Tools
  – What’s Working/Not Working
  – 4+1
Working/Not Working

Focus in on a specific issue or area of life

*Helps you dig deeper*

- **Negotiation tool**
  - All must feel listened to – accurately reflect perspectives
  - Start with common ground
  - Remain unconditionally constructive
  - Done in partnership

- **Bridge to action planning**
  - What needs to be maintained/enhanced?
  - What needs to change?
Use to organize perspectives about a specific issue or to get a snapshot description of NOW

<table>
<thead>
<tr>
<th>What’s Working</th>
<th>What’s Not/What Could Improve</th>
</tr>
</thead>
<tbody>
<tr>
<td>What does the person say is working?</td>
<td>What does the person say is not working or could be better?</td>
</tr>
<tr>
<td>What does the family say is working?</td>
<td>What does the family say is not working or could be better?</td>
</tr>
<tr>
<td>What does the staff person/teacher/therapist (etc) say is working?</td>
<td>What do they say is not working or could be better?</td>
</tr>
</tbody>
</table>
Person's perspective

What works/makes sense

USE THIS INFORMATION TO BUILD THE:

AGENDA

FOR THINGS THAT ARE TO STAY THE SAME

What doesn't work/make sense

USE THIS INFORMATION TO BUILD THE:

AGENDA

FOR THINGS THAT NEED TO CHANGE

Staff's perspective

Disagreements
<table>
<thead>
<tr>
<th>Perspective</th>
<th>What works/makes sense</th>
<th>What doesn't work/make sense</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kathleen's</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother's</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff's</td>
<td></td>
<td></td>
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<tr>
<td>What have you tried?</td>
<td>What have you learned?</td>
<td>What are you pleased about?</td>
</tr>
<tr>
<td>----------------------</td>
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<td>-----------------------------</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
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</tbody>
</table>

+1 – Given your learning what will you do next?
You are your child’s best advocate and you know them best.
SOUTH DAKOTA
Parent Connection
Resources for families of children with disabilities.

SIoux Falls
3701 W. 49TH STE. 102
SIoux Falls, SD 57106
PHONE: 605-361-3171
FAX: 605-361-2928

Rapid City
7110 Jordan Drive
Rapid City, SD 57702
PHONE: 605-348-0305

TOLL FREE NUMBER: 800-640-4553
WEBSITE: www.sdparent.org