Dear ____________________________.

As you know, your child, ____________________________ , was removed from school on ____________________________ to consider a change in placement.

The Individuals with Disabilities Education Act of 2004 requires that under such circumstances a team consisting of the Principal/Designee, the parent, and relevant members of the student's individualized education program (IEP) team (as determined by the parent and school division) must convene to conduct a manifestation determination review to determine if:

- the conduct subject to disciplinary actions was caused by or had a direct and substantial relationship to the child's disability; or
- the conduct subject to disciplinary actions was a direct result of the school division's failure to implement the IEP.

This letter is to confirm that this meeting is scheduled on ____________________________ at ____________________________.

School system staff who will be present at this meeting include the following:

- Principal/Designee
- Special education teacher(s) of the student
- General education teacher(s) of the student (if applicable)
- Psychologist
- Other school staff deemed to be relevant members of the IEP team

As a parent, you may also invite others to attend this meeting. If there are particular school staff that you believe are relevant members of the IEP team and should be included, please notify me as soon as possible so that their participation can be arranged.

As previously discussed with you, the manifestation determination review may be followed by an IEP meeting to review the IEP and consider any necessary revisions, discuss continuation of services during the discipline process if applicable, and consider a functional behavior assessment and behavior intervention plan if appropriate.

A copy of Your Family's Special Education Rights (Virginia Special Education Procedural Safeguards Notice) is enclosed for your information. If you have questions or desire assistance in understanding the provisions of these procedural safeguards, please contact the Due Process and Eligibility at 571-423-4470. Additional copies of this safeguards document are available at the school, or on-line at https://www.fcps.edu/sites/default/files/media/forms/se4.pdf.

If I can be of assistance to you, please contact me at ____________________________.

Sincerely,

______________________________

Enclosure

cc: ____________________________