

Adams County/Ohio Valley School District

141 Lloyd Road
West Union, OH 45693-9237
Phone 937-544-5586

Initial Evaluation

Student Name _____ **Date of Birth** _____

Meeting Date _____ **Effective dates of Initial ETR** _____

Please initial, sign, and date to indicate that you have received the following information as applicable to your child:

- "A Guide to Parent Rights in Special Education: Special Education Procedural Safeguards Notice." This guide serves as the procedural safeguard notice and explains your child's right to a "free and appropriate education" (FAPE) for a child with a quality disability under special education law. This information also outlines how you can work with your local school district and other public agencies to determine whether your child has a disability. This document replaces "Whose Idea is This?".

Please initial _____ **I have received "A Guide to Parent Rights in Special Education".**

- An eye exam is required for a student when they are initially identified as a student with a disability. Information regarding documentation of eye exams and payment for eye exam is contained in the brochure "Learning Through Vision"

Please initial _____ **I have received the brochure "Learning Through Vision"**

Parent
Signature: _____ **Date:** _____