

BOE Form 4410F12

SUBJECT:	SUPERINTENDENT HEARING LETTER WITH DETERMINATION - MANIFESTATION MEETING NOT YET HELD
[Date)	
[Name] [Address]	
Dear M/M _	<u>:</u>
	a copy of the findings and recommendations of [Hearing Officer Name], Hearing Officer, concerning the charges against your child, [Student Name].
the Manifest	w of these findings and recommendations, I have determined to accept them. Once the determination by ation Team is known, and if [Student Name]'s behavior on [Date] is in fact a manifestation of your ility, I would expect the steps outlined in the determination to be followed.
Committee of Name]'s IEP review and n	estation Team determines that [Student Name]'s behavior is related to their disability, I am directing the on Special Education to convene as soon as practicable, within the coming weeks, to review [Student and conduct a functional behavioral assessment and implement a behavioral intervention plan (BIP), or nodify, as necessary, if a BIP exists. Please note that any similar types of behaviors in the future may ident Name] being placed in an alternative education setting.
writing and a	e right to appeal this decision to the Board of Education. A request to appeal to the Board must be in addressed to the Clerk of the Board at 5 Chelsea Place, Clifton Park, New York 12065. Your appeal must within thirty (30) calendar days of the date of this decision.
Sincerely,	
•	perintendent) ent of Schools
Enclosure	
-	ne], Principal nel Associate Principal

[Name], Class Assistant Principal [Name], Director of Special Education

[Name], School Psychologist

[Name], Academic Administrator for Special Education