Susension And Expulsion/Due Process (Students With Disabilities)

ADDENDUM TO SELPA NOTICE OF IEP MEETING

Individuals with Exceptional Needs/Expulsion Recommended

You are hereby notified that your son/daughter, _________________________ , has been recommended for expulsion. _________________________ has previously been identified as a student with exceptional needs.

___________________________ was suspended by the principal for __________ days, until _________________________.

The reasons for the proposed expulsion are:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

(Use attachments if needed)

The principal considered other options as described below but has rejected those options. (Description of other options considered, if any, and reasons why they were rejected.)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

The principal used the following evaluations, assessments, tests and/or records in reaching his/her decision to propose expulsion:

1. ______________________________________________________________________

2. ______________________________________________________________________

3. ______________________________________________________________________

4. ______________________________________________________________________

5. ______________________________________________________________________

Other factors relevant to the principal's recommendation are:
Please be aware that:

1. A preexpulsion assessment of ____________________________ will be conducted.

________________________ should report to _____________________________
at ________________ (time) for this assessment. You are required by law to make
_______________________________ available for this assessment. You may obtain an
independent preexpulsion assessment if you disagree with the district's preexpulsion assessment.

2. An IEP meeting will be held on ______________________ at ________________

If the time and place of the IEP meeting are not convenient, please advise immediately by calling
the undersigned at ______________________ (Phone number) within 24 hours of receiving this
letter.

3. You may request that the meeting be postponed for up to three additional school days. If you
make such a request, your child's suspension will be continued during the three-day
postponement.

4. You may ask a representative to appear at the hearing on your behalf.

5. If you do not request a continuance immediately or appear at the IEP meeting in person or
through a representative, the meeting will be held without you.

6. You have the right to participate in the IEP team meeting concerning this proposal and to
appeal any IEP team decisions or recommendations with which you disagree to the State
Department of Education, which will schedule a due process hearing to resolve the issues.

Such an appeal must be made in writing addressed to:

Superintendent of Public Instruction

State Department of Education

721 Capitol Mall

P.O. Box 944272

Sacramento, California 94244-2720

with a copy to the local school district Superintendent and the SELPA Director of
________________________ County.
THE WRITTEN APPEAL MUST BE DELIVERED OR POSTMARKED NO LATER THAN 15 DAYS FOLLOWING THE DATE OF THE IEP MEETING.

7. You also have the right to appeal any decision from the State Department of Education resulting from a fair hearing on the issues with which you disagree to state or federal court. If you are represented by counsel in these proceedings and prevail, you are entitled to be reimbursed for attorney's fees.

__________________________________________
District Administrator in Charge
of Special Education or Principal

Exhibit FRESNO UNIFIED SCHOOL DISTRICT

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