

RaShaan J. Smith

Student ID: 239655

WA SSID: 9699023109

Date of Birth: 01/19/1997

Edmonds School District

20420 68th Avenue West

Lynnwood, WA 98036

425-431-7000

Notification for the Disclosure of Student Information to the Washington State Health Care Authority

Edmonds School District (the School District) currently provides necessary school-based health services to your child at no cost to you, the parent/guardian. The School District is participating in Washington State Health Care Authority (HCA) program through which Federal Medicaid funds are made available to school districts in the State to help cover the costs of providing necessary school-based health services to students. By participating in this program, the School District is allowed to seek Federal Medicaid funds to help cover the costs of the health services the School District provides to your child. In order to seek the Federal funds, the School District must disclose information from your child's education records to the HCA regarding the health services the School District provided to your child.

NOTIFICATION OF PARENT/GUARDIAN RIGHTS AND PROTECTIONS

To ensure that your child has access to a free appropriate public education, as required by Federal law, the School District must

- obtain your written consent prior to disclosing your child's health information to the HCA,
- may not require you to sign up for or enrol in any public benefits or insurance programs,
- may not require you to pay any out-of-pocket expenses such as a deductible or co-payment for the costs of the health services the School District provides to your child, and
- may not use your child's Medicaid or other public benefits if that use would
 - decrease available lifetime coverage or any other insured benefit,
 - result in you or your family paying for services that would otherwise be covered by Medicaid or other public insurance program and that are required for your child outside of the time that your child is in school,
 - increase your insurance premiums or lead to the discontinuation of any public benefits or insurance, or
 - risk the loss of your eligibility for home and community-based waivers, based on aggregate health-related costs.

Giving your consent will cost you, the parent/guardian, nothing, but will allow the School District to seek Federal financial support needed to better provide services to students. Whether or not you give your consent or if you withdraw your consent, the School District will continue to provide services to your child at no cost to you, the parent/guardian.

Please use the attached form to select your consent option.

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Notice of Meeting

PURPOSE: This invitation requests your attendance at a meeting concerning the educational program/needs of your child. You have the opportunity to participate in any meeting regarding the identification, evaluation, educational placement, and the provision of a free appropriate public education for your child.

To: Jennifer Smith, Michael Smith

Date Sent to Participants: 09/24/2013

This meeting has been scheduled for: Date 10/16/2013 Time 7:00 AM
Location Edmonds-Woodway High School, Counseling Office

If you have any questions or would like additional information or assistance to help you prepare for this Eligibility meeting, please contact Pamela Hamilton at e-mail HamiltonP@edmonds.wednet.edu.

This is to notify you that a/an Eligibility meeting has been scheduled for this student. Your participation and attendance at this meeting are very important. This Initial meeting must be scheduled at a mutually agreed upon time and place. The purpose of this meeting is to (check all that apply):

Review Evaluation Reports
 Consider Transitional Services
 Eligibility Determination

Review Educational Progress
 Reevaluation Consideration
 Other:

The following are invited to attend and participate in the Initial meeting:

Nancy Varg, School Nurse
Pam Hamilton, School Psychologist
Gail Shepard, Special Education Teacher
Mike Smith, Parent
Paul Sevig, Counselor
Luke McQuade, Administrator/Designee
RaShaan Smith, Student

The parent/adult student or school may invite individuals who have knowledge or special expertise regarding the student, including related services personnel, to participate. The determination of the knowledge or special expertise shall be made by the person/party extending the invitation. You may also request, by contacting the individual named below, that a birth to three service coordinator be invited to participate in an initial IEP meeting if your child was previously served through an Individualized Family Service Plan (IFSP). If you, the parent or adult student, are bringing other individuals to the meeting, please let us know. This will ensure that the meeting space will accommodate all team members.

Notice of Procedural Safeguards for Special Education Students and Their Families has been provided to parents.