

Tania Tong
SPECIAL EDUCATION & STUDENT SERVICES
815 S OAKDALE AVENUE
MEDFORD, OR 97501
(541) 842-3628

January 23, 2015

Rashaan Smith
2852 Cedar Links Dr
Medford OR 97504

RE: Rashaan Smith

Dear: Mr Smith

This letter is in response to your recent revocation of consent for special education and related services for received on 1/22/15.

I am required to inform you of the following:

- The revocation of consent will have the effect of returning you to general education as a nondisabled student; no special education or related services will be provided.
- You will have access to educational programs and standard accommodations, if any, that are available to other students in the general education setting.
- You will be held to the same standards for academic and behavioral expectations as those students who are not eligible for special education and related services. This may include below average or failing grades and suspensions or expulsions to the same extent as students not eligible for special education.
- The District will no longer be obligated to provide you with a free appropriate public education (FAPE), conduct a three-year evaluation, or hold an annual IEP meeting.
- You will not be eligible for services under Section 504 of the Rehabilitation Act.
- You will be subject to general education disciplinary rules and procedures (including suspension and expulsion); the District will not be required to determine your conduct is a manifestation of your disability before taking disciplinary action.
- The District will continue to fulfill its Child Find obligations, detailed in OAR 581-015-2080 and -2085, with regard to you and all other students residing in the district.
- You retain the right to request an evaluation for special education and related services.
- The District will retain all documentation indicating your prior eligibility for and enrollment in special education services.
- This letter will be retained in your permanent record as documentation that you were notified of the implications for revocation of consent for special education and related services. The original confidential file will be housed in the Office of Student Services at the District Office.

Should you wish to discuss this matter further, please contact me at the above referenced number.

Sincerely,

Tania Tong
Supervisor of Special Education & Student Services

Enclosure

CC: Marnie Binney (Confidential File)
Ron Beick (Cumulative File)

Successful Students Today ~ Successful Citizens Tomorrow

We are a high quality teaching and learning organization dedicated to preparing all students to graduate with a sound educational foundation, ready to succeed in post-secondary education, and to be continuing community members.

NORTH MEDFORD HIGH SCHOOL

HOME OF THE BLACK TORNADO

Ron Beick, Principal

Joe Cramer, Assistant Principal • Aaron Luksich, Assistant Principal • Amy Tiger, Assistant Principal

January 22, 2015

To: Tania Tong
Special Education and Student Services

Dear Ms. Tong:

I am attending North Medford High School and am currently enrolled in all regular education classes. I understand that an evaluation needs to be done in order to find me eligible for special education services and to keep my IEP current. I do not feel that I need special education services any longer and I do not want to continue with an IEP. I would like to revoke these services.

Thank you.

Very truly yours,

Rashaan Smith
Student #184358



End Date 1.27.15



Go Black Tornado!



Date: January 23, 2015

Prior Notice of Special Education Action

Medford School District 549C • 815 S. Oakdale Ave. • Medford, Oregon 97501

Dear Rashaan Smith

This notice informs you of the following action:

Rashaan J. Smith's special education service will be discontinued .

Per adult student request, the District will discontinue special education and related services on 1/27/15.

Which is a proposal to change the following aspect of Rashaan J. Smith's special education:

Identification; Placement (other than initial placement); Provision of a free, appropriate public education (includes IEP).

The action is proposed because:

Adult student revoked consent for the District to continue providing special education and related services to the student

The action is based on the following evaluation procedures, tests, records or reports:

The discontinuance of your eligibility for special education and change of placement is based solely on the your revocation of consent for the provision of special education and related services.

Other options we considered were:

The District considered continuing to provide the student with special education and related services in the student's current educational placement.

We rejected these options because:

The District is required by law to discontinue a student's special education eligibility and services upon written revocation of adult student consent for these services. The District received the adult student's written revocation of consent on 1/22/15.

Any other factors considered by the Special Education Team:

The adult student was provided information regarding possible implications to revocation of consent for special education and related services. See attached letter.

For a copy of the Procedural Safeguards, or for assistance in understanding this information, you may contact me.

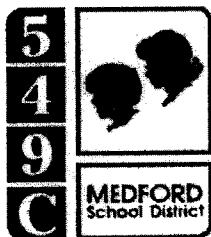
Sincerely, Tania Tong/Supervisor Special Education & Student Services

Name / Title

541-842-3628

Phone

Student Id: 184358



SURROGATE PARENT APPOINTMENT

Date: December 1, 2014

The following person, Tom Basgen has been appointed as
a Surrogate Parent for Rashaan Smith.

Reason for appointment: Unaccompanied minor - no
legal guardian at this time.

The Surrogate parent will represent the student and protect student rights in all
special education proceedings relating to the identification, evaluation and
educational placement of the student and the provision of a free appropriate public
education.

Tania Tong, Supervisor of Student Services

SURROGATE PARENT TERMINATION

The appointment of _____ as a
Surrogate Parent for _____ is being
terminated.

Reason for termination: _____

Tania Tong, Supervisor of Student Services

RaShaan J. Smith

Student ID: 1605549

WA SSID: 9699023109

Date of Birth: 01/19/1997

Mukilteo School District

House I Special Education

9401 Sharon Drive

Everett, WA 98204

425-356-1277

Contact Attempt Report

Notification Area: Plan
Meeting Date: 12/06/2013
Time: 10:30 AM
Location: Kamiak High School

Method	Contact Date	Response Date	Response	Contact Name
Phone	12/03/2013	11/26/2013	Can Attend	Jennifer Smith
Email	12/03/2013	12/03/2013	Did not Respond	Jennifer Smith
Letter	11/26/2013	12/03/2013	Can Attend	Jennifer Smith

RaShaan J. Smith

Student ID: 1605549
WA SSID: 9699023109
Date of Birth: 01/19/1997

Mukilteo School District

House I Special Education
9401 Sharon Drive
Everett, WA 98204
425-356-1277

Medicaid ConsentDate: 12/06/2013

PURPOSE: This form asks for your consent to share the necessary information to verify Medicaid eligibility and bill for school-based Medicaid reimbursement with the Washington State Health Care Authority, Health and Recovery Services Administration. Billing HCA does not affect individual benefits under Medicaid or require a co-pay or deductible. If you have questions regarding this request, call the school district's Director of Special Education or designee for an explanation as to why the request is being made.

Student's Name: RaShaan J. SmithStudent's Number: 1605549Current School: Kamiak High SchoolDate of Birth: 01/19/1997

State law requires the school district to submit claims for health-related services provided to special education students or students referred for special education. These services include physical therapy, occupational therapy, speech-language therapy, audiology, nursing, counseling, and psychological evaluation.

With your permission, Mukilteo School District, will submit your student's name and birth date to the Washington State Health Care Authority (HCA) to verify Medicaid eligibility. Such a request will in no way negatively impact services included in your child's individualized education program (IEP).

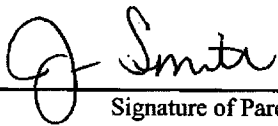
With your permission, we will share necessary identifying information from your child's education record to access federal Medicaid reimbursement from the Washington State Health Care Authority (HCA). If any additional Medicaid reimbursement services are added to the IEP, the school district will request additional consent. If my child no longer is served by this school district, this consent does not transfer to a new district.

This authorization will begin on 12/06/2013.

By giving consent, you are acknowledging that (1) you have been fully informed of all information relevant to the activity for which consent is sought; (2) you understand that the granting of consent is voluntary on your part and may be revoked at any time; and (3) if you revoke consent, the revocation is not retroactive; which means that it does not negate any activity that has already taken place.

☒ I give my consent to verify Medicaid eligibility with HCA and to submit claims for allowable services.

☐ I do not give my consent to verify Medicaid eligibility with HCA and to submit claims for allowable services. I understand that my refusal does not affect my child's access to services under the Individualized Education Program.



Signature of Parent

12.12.13

Date

RaShaan J. Smith

Student ID: 1605549

WA SSID: 9699023109

Date of Birth: 01/19/1997

RECEIVED
DEC 19 2013
MSD Special Education

Mukilteo School District

House I Special Education

9401 Sharon Drive

Everett, WA 98204

425-356-1277

Written Parental Consent for Initial Special Education Services

REQUIRED FOR INITIAL PLACEMENT ONLY: WRITTEN PARENTAL PERMISSION

My rights and those of my child regarding procedural safeguards have been fully explained. I understand that my child requires special education and before initial placement to receive special education and related services may occur, I must give consent for services. I understand when I give consent, it is voluntary, and that while it can be revoked, revocation is not retroactive. This means that the revocation does not undo services that occurred after my consent was given and before my consent was revoked. If I refuse consent, I understand that the district may not request mediation to obtain my consent or ask for a due process hearing to override my consent. If I do not give consent for initial services, the district may not provide services until I provide written consent.

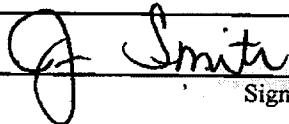
The district may not ask an Administrative Law Judge to override your denial of consent for the initial placement of special education and related services. However, if you do not provide consent for initial placement of special education and related services, the district will not be considered to be in violation of the requirement to make a free, appropriate, public education (FAPE) available to your child.

Parent Response for initial Provision of Special Education Services

☒ I give consent for my child to receive initial special education services

☐ I do not give consent for my child to receive initial special education services

Reason for not giving consent: _____



Signature

12.12.13

Date

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

Prior Written Notice

To: Jennifer Smith

Date: 10/16/2013

Re: Student's Name: RaShaan J Smith

PURPOSE: As a parent/guardian of a special education child suspected of needing special education services, the school district is required to provide you with prior written notice whenever it proposes or refuses to initiate or change the identification, evaluation, educational placement, or provision of a free appropriate public education to your child. This notice should be given to you after a district makes a decision and before action is taken on the decision. The notice should be given to you in a reasonable amount of time before the district takes action.

The purpose of this prior written notice is to inform you that we are:

1. ☒ proposing refusing to 2. ☒ initiate change continue discontinue a/an
(mark one of the above) (mark one of the above)

Mark all items below that apply:

3. Referral Initial Evaluation ☒ Eligibility Category
 Educational Placement IEP Reevaluation
 Disciplinary action that is a change of Other:
 placement

Description of the proposed or refused action:

The Evaluation Team found that RaShaan is eligible for special education services.

The reason we are proposing or refusing to take action is:

Evaluation results meet IDEA eligibility criteria for Other Health Impairment, indicating that RaShaan has a disability which requires specially designed instruction.

Description of any other options considered and rejected:

Rejected the option of not providing special education services.

The reasons we rejected those options were:

RaShaan has a documented disability of ADHD, which is impacting his educational progress in the general education curriculum. He presents a need for specially designed instruction in learning strategies/ organizational skills.

A description of each procedure, test, record, or report we used or plan to use as the basis for taking this action is as follows:

As described in Evaluation Summary dated 10/16/2013.

Any other factors that are relevant to the action:

RaShaan's case manager will be Gail Shepard, 425-431-6064. She will be contacting you to set up a meeting within 30 calendar days to develop an Individual Education Plan (IEP) for RaShaan.

The action will be initiated on: 10/22/2013 ✓

Your child has procedural protections under IDEA. These protections are explained in the *Notice of Procedural Safeguards for Special Education Students and Their Families*. If this prior written notice is given to you (1) as part of your child's initial referral for evaluation, (2) as part of a request for reevaluation or (3) notice to you regarding disciplinary action that constitutes a change of placement the procedural safeguards accompanies this notice. If a copy of the *Notice of Procedural Safeguards for Special Education Students and Their Families* is not enclosed and you would like a copy or you would like help in understanding the content, please contact:

Pamela Hamilton

at 425-431-1113

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

RaShaan J. Smith

Student ID: 239655

WA SSID: 9699023109

Date of Birth: 01/19/1997

Edmonds School District

20400 68th Avenue West

Lynnwood, WA 98036

425-431-7000

Medicaid Consent

Date: 10/16/2013

PURPOSE: This form asks for your consent to share the necessary information to verify Medicaid eligibility and bill for school-based Medicaid reimbursement with the Washington State Health Care Authority, Health and Recovery Services Administration. Billing HCA does not affect individual benefits under Medicaid or require a co-pay or deductible. If you have questions regarding this request, call the school district's Director of Special Education or designee for an explanation as to why the request is being made.

Student's Name: RaShaan J. Smith

Student's Number: 239655

Current School: Edmonds-Woodway High School

Date of Birth: 01/19/1997

State law requires the school district to submit claims for health-related services provided to special education students or students referred for special education. These services include physical therapy, occupational therapy, speech-language therapy, audiology, nursing, counseling, and psychological evaluation.

With your permission, Edmonds School District, will submit your student's name and birth date to the Washington State Health Care Authority (HCA) to verify Medicaid eligibility. Such a request will in no way negatively impact services included in your child's individualized education program (IEP).

With your permission, we will share necessary identifying information from your child's education record to access federal Medicaid reimbursement from the Washington State Health Care Authority (HCA). If any additional Medicaid reimbursement services are added to the IEP, the school district will request additional consent. If my child no longer is served by this school district, this consent does not transfer to a new district.

This authorization will begin on _____.

By giving consent, you are acknowledging that (1) you have been fully informed of all information relevant to the activity for which consent is sought; (2) you understand that the granting of consent is voluntary on your part and may be revoked at any time; and (3) if you revoke consent, the revocation is not retroactive; which means that it does not negate any activity that has already taken place.

☒ I give my consent to verify Medicaid eligibility with HCA and to submit claims for allowable services.

☐ I do not give my consent to verify Medicaid eligibility with HCA and to submit claims for allowable services. I understand that my refusal does not affect my child's access to services under the Individualized Education Program.

Signature of Parent

Date

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

Contact Attempt Report

Notification Area: Eligibility
Meeting Date: 10/16/2013
Time: 7:00 AM
Location: Edmonds-Woodway High School, Counseling Office

Method	Contact Date	Response Date	Response	Contact Name
Letter	09/24/2013	09/24/2013	Can Attend	Jennifer Smith Michael Smith
Phone	09/24/2013	09/24/2013	Can Attend	Jennifer Smith