# Cornbelt Educational Cooperative

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#### **SPEECH-LANGUAGE PATHOLOGISTS**

Colleen Cleveland Echo Deelstra Sarah Fouberg, SLPA Jenna Miller Robyn Randall Lori Tschetter Jennifer Zulk

## EARLY CHILDHOOD TEACHERS

Robyn Bruna April Johnston Brenda Kocer

### **PROGRAM COORDINATORS**

Alicia Peterson (Early Childhood Services) (Speech, Language & Hearing Services) (Psychologist & Diagnostic Services) Amanda Creviston (Psychologist & Diagnostic Services) Rick Picasso (Psychologist & Diagnostic Services) 1000 North West Avenue, Suite 240 Sioux Falls, South Dakota 57104 Phone (605) 271-0218 Fax (605) 271-0220 www.cornbeltcoop.k12.sd.us

Dear Parent(s)/Guardian(s):

In order to provide the most appropriate opportunity for your child to learn, the district is asking for your assistance and cooperation.

At this time, your child's teacher(s) and other school staff feel that more information about your child's learning ability is needed in order to develop an appropriate educational plan.

The process is referred to as an educational evaluation in which specialized teachers and Cornbelt Educational Cooperative staff conduct an evaluation of your child to determine:

- Your child's learning ability level;
- How well your child can perform the tasks expected in the classroom;
- How your child's ability and achievement levels compare with other students of the same age; and
- Functioning in other areas that may influence your child's ability to learn (i.e. behavior, adaptive behavior, etc.).

When the evaluation is completed, you will receive a written report of the results and have an opportunity to discuss the results at a Multidisciplinary Team Meeting. You will be invited to be apart of a team that will include: Your child's teacher(s), the special education teacher, Principal/Special Education Director, Cooperative staff, and any other persons you would like. At this meeting, we will discuss the best ways to meet your child's needs and develop an appropriate educational plan.

Enclosed you will find two (2) important forms that must be completed by you and returned to your child's school:

1. <u>Parental Prior Written Notice/Consent for Evaluation Form</u>: This form explains the reason for the referral, what types of evaluations will be conducted, and who will be conducting the testing. You must sign this form in order to begin testing;

2. <u>Parental/Guardian Input for Evaluation Form</u>: This form provides background information on your child's family/medical/school history. Please read each statement and provide a written response to those items you feel are important.

All of the information requested will be used to assist the Team in developing an appropriate educational plan for your child. Any additional information that you feel may be important would be appreciated.

If at any time during the evaluation process you have specific questions or concerns, please call one of the School Psychologists at the Cornbelt Educational Cooperative office for assistance at (605) 271-0218. The Cooperative office is open Monday-Friday from 8:00 A.M.-4:00 P.M.

Enclosed is a brochure entitled: South Dakota Parental Rights Procedural Safeguards. Please keep it and refer to it if you have any questions, or call your child's school for assistance.

Thank you for your assistance and cooperation in completing and returning the two (2) enclosed forms to your child's school.

Sincerely,

**Cornbelt Educational Cooperative Staff** 

"PROVIDING LEADERSHIP IN EDUCATIONAL SERVICES FOR ALL CHILDREN"

