# Waraag Ku-xusan Dugsiga Degmada

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| **Ku:** [Name of Parent, Guardian, Educational Surrogate Parent, Student 18 and over]  |
| **Xodsi:** [Name of Student and other identifying information (i.e., DOB, ID#)] |
| **Mawduuca: CASUUMAAD KULAN** |
| **Taariikhda Ogeysiinta:** [Date notice is sent.] |

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| **Qorshaha Degmada ee Turjumaanda/ Fasiraadda**[ ]  Fasiraadda/turjumaada looma baahna, lamana siin doono MA[ ]  Luuqadda koowaad ee waalidka/masuulka/daryeelaha maaha Ingiriisi, ama waalidku waxa ay ku wada xidhiidhaan iyaga oo isticmaalaya luqadda dhegoolaha. Degmadu waxay diyaarin doontaa turjubaane kulanka, iyo[ ]  Isgaarsiinta la xidhiidha kulanka IEP waa la tarjumi doonaa.***Haddii aad hayso wax su'aalo ah ama walaac ah oo ku saabsan baahida fasiraadda/turjumaada, fadlan la socodsii qofka lala xiriiro degmadaada ee ku taxan shaxda hoose.*** |

Waxa lagugu casuumay kulan aad kaga hadlayso ardayga magaca sare ku xusan. Ka qaybqaadashadaadu waa lama huraan. Ujeedada iyo faahfaahinta kulanka ayaa halkan hoose ka daalaco. Ka qaybgalayaasha kale ee lagu casuumay waxay ku qoran yihiin foomka xaadirinta ee ku lifaaqan.

Waa xaqaaga sharci inaad joogtid oo aad ka qaybgasho. Waanu qiimaynaynaa fikradaada, waxaanan rajaynaynaa inaad samayso dadaal kasta oo aad kaga soo qaybgasho kulankan.

Haddii wakhtiga kulanka la soo jeediyay aanu ku haboonayn, waxaanu dejin doonaa wakhti ku haboon. Fadlan wac qofka xiriirka degmada ee ku taxan shaxda hoose si aad u codsato waqti kulan kale. Haddii aadan iman karin, waa mas'uuliyaddayada inaan helno ka qaybgalkaaga, haddii ay suurtagal tahay, si kale.

Waxaad ku casuumi kartaa shakhsiyaad kale inay ka soo qaybgalaan kuwaas oo aqoon u leh ama khibrad gaar ah u leh ardaygan. Waxaan kaa codsaneynaa inaad horay noogu soo wargeliso kulanka haddii aad qorsheyneyso inaad ku casuunto shaqsiyaad kale inay nagu soo biiraan. Mar labaad, fadlan wac xiriiriyaha degmada ee macluumaadkan wata.

Waxaan rajeyneynaa inaan kula shaqeyno anagoo ka wakiil ah ardaygan.

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| **Ujeedada Kulanka:** *[Eligibility Determination, IEP Development, Placement Determination, Transition Planning, or specify other purpose]*  |
| **Taariikhda Kulanka/Waqtiga/Goobta:** *[Details of Meeting Date, Time, and Location]* |
| **Qofka Lala-xiriiro Degmada:** *[Name and Role]* |
| **Macluumaadka Xiriirka:** *[Address, Telephone Number, Fax Number, and Email Address (if not on letterhead)]*  |

Lifaaqa: Xaashida Imaanshaha *[should be included in all cases]*

c: Ardayga 14 jirka ah ama ka weyn