

Prior Written Notice

Date _____
(Month, Day, Year)

To _____

From _____
(Name, Title, Location, School)

Re _____
(Student)

The following action(s) as checked below, are being considered.

- 1. Referral for an initial evaluation
- 2. Determination whether your child has a disability under IDEA
- 3. Need for additional evaluation
- 4. Reevaluation of your child's continued need for special education services
- 5. Discussion of evaluation results
- 6. Development of an individualized education program for your child. You may invite individuals with knowledge of special expertise about your child. This will include a transition plan if your child is 16 years of age or older.
- 7. Review or revision of your child's individualized education program. This will include a transition plan if your child is 16 years of age or older.
- 8. Graduation or exit from special education services.
- 9. Other considerations _____

THE ACTION WILL TAKE EFFECT _____/_____/_____

The following actions apply to this notice and a description is given below:

1. This action is being proposed/rejected because _____

2. Prior to this proposal the following actions were considered _____

3. The options stated in item 2 were rejected because _____

4. The action stated in item 1 is based on the following evaluation procedures, tests, records or reports _____

5. Other factors relevant to the action proposed above are _____

Prior Written Notice, continued

Please note the following checked items:

- 1. Sign and return the CONSENT FOR EVALUATION form. (Tests to be used are noted on the attached form.)
- 2. Complete the enclosed _____ and return it to us.
- 3. Arrange to meet with the team as described below, to discuss the proposed actions.
- 4. A copy of the “*Parental Rights for Public School Students Receiving Special Education Services – Notice of Procedural Safeguards.*” is enclosed.

A copy of this booklet must be given to you at least one time per year. You may also obtain a copy of this booklet at any time from your local special education office.

If you have questions about the information provided, or want help in understanding these procedural safeguards, please contact me.

Please call _____ at _____

Between the hours of _____ and _____

Proposed Meeting Arrangements

Date _____ Time _____ Location _____

At the present time we anticipate the following required IEP Team Members will be meeting with us. These members of the IEP Team require agreement or consent in writing to be excused from the IEP meeting:

- Regular educator (Not less than one) _____
- Special Educator _____
- Individual to interpret Instructional implications of Evaluation results _____
- Authorized Representative of the LEA _____

At the present time we anticipate the following IEP Team Members will be meeting with us. The following members of the IEP Team do **NOT** require agreement or consent in writing to be excused from the IEP meeting:

If 16 years of age or older, your child will be invited to attend. Please encourage this participation.

Please let me know if this is a convenient time for you so we can finalize plans for the meeting. If you wish to have someone else attend with you, you may do so.