

WRITTEN NOTICE TO PARENTS

NAME OF CHILD: _____ STUDENT ID: _____
FIRST MIDDLE LAST

BIRTHDATE: _____ GRADE _____ AGE _____ DATE: _____
MONTH/DAY/YEAR MONTH/DAY/YEAR

PARENT(S): _____

PHONE: (WORK) _____ (HOME) _____ (OTHER) _____

ADDRESS: _____ DISTRICT/AGENCY: _____
STREET ADDRESS/P.O. BOX CITY STATE ZIP

To: _____
PARENT or YOUNG ADULT (If young adult has reached age of majority)

This notice is to inform you of the school district's intent as follows:

DESCRIPTION OF ACTION: PROPOSED OR REFUSED

To initiate or change the following:

- Identification of your child as having a disability which requires special education services
- Evaluation/Reevaluation to determine disability and nature, extent of special education and related services needed
- Educational placement
- Provision of a Free and Appropriate Public Education (FAPE)
- Parent Revocation of Consent
- Other _____

Explanation of the proposal or refusal:

Reason(s) for the proposal or refusal:

Description of any options considered and reasons refused:

Description of each evaluation procedure, test, record, or report used as a basis for the proposed or refused action:

Description of any other factors relevant to the proposal or refusal:

Parents have protection under the procedural safeguards. Additional resources can be located within the *Parents Rights in Special Education: Notice of Procedural Safeguards*. To obtain a copy, contact <autofill special education teacher>.

The issues addressed in this notice will go into effect on: _____ as the local educational agency has
MONTH/DAY/YEAR
determined that this be considered a reasonable amount to provide the parent(s).

FROM: _____
SIGNATURE OF DISTRICT/PUBLIC AGENCY OFFICIAL DISTRICT/AGENCY TELEPHONE DATE

STREET ADDRESS/P.O. BOX CITY STATE ZIP

SCHOOL USE ONLY: Notice sent by: U.S. Mail Date Mailed _____
 Personal Delivery Date Delivered _____

Translation/interpretation needed? Yes No If yes, specify how and when provided: _____

School/public agency official's signature verifies that parent(s) have received an explanation in their native language or other mode of communication to accommodate the parent(s) understanding their rights.

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FIRST MIDDLE LAST

Evaluation procedures to be utilized in assessing these areas of functioning are explained on this form. Qualified professionals will conduct evaluation procedures to provide additional information, to the extent appropriate, on the basis of a review of existing evaluation data and input from the parents. Additional information may be needed to determine whether a child has or continues to have a particular disability; present levels of performance and educational needs; whether the child continues to need special education and related services; or whether any additions or modifications to the special education and related services are needed to meet the annual goals in the IEP and to participate as appropriate in the general curriculum. The appropriate extent of the reevaluation has been reviewed by the IEP team, with opportunity for parent participation and input.

Descriptions of Evaluation Procedures (Check additional areas proposed for this child)

- HEALTH/MEDICAL:** Health and medical history, information about child's health and medical status or medical diagnostic evaluation to determine a medically related disability.
- VISION:** Assessment of visual acuity, field of vision, and vision functioning as necessary to determine a vision-related disability.
- HEARING:** Assessment of hearing functioning and extent of hearing impairment as necessary to determine a hearing-related disability.
- MOTOR:** Assessment of gross and/or fine motor skills and abilities in relation to educational needs.
- COMMUNICATION/LANGUAGE:** Speech skills (including articulation, voice, fluency, and oral-motor) and/or receptive and expressive language skills and abilities (including phonology, morphology, syntax, semantics, and pragmatics).
- ACADEMIC ACHIEVEMENT:** Assessments to measure academic achievement in such areas as listening comprehension, oral expression, basic reading skills, reading comprehension, reading fluency, mathematics calculation, mathematics problem solving, and written expression skills.
- INTELLECTUAL/COGNITIVE:** Individually administered assessment of child's ability to learn, including overall mental ability and cognitive functioning.
- PERCEPTUAL/PROCESSING:** Child's abilities to perceive and/or process information through visual, auditory, and sensorimotor means.
- DEVELOPMENTAL:** Assessment of child's developmental history, skills, and abilities in relationship to expectations for the age group.
- PSYCHOLOGICAL, SOCIAL/EMOTIONAL:** Information collected and assessments of the child's social skills/emotional status, psychological concerns, and behavior (may include data collection, rating scales, behavioral observations, interviews, personal inventories, and projective tests).
- FUNCTIONAL BEHAVIOR:** Information collected and assessments of the child's functional behavior (may include data collection, rating scales, behavioral observations, interviews, and personal inventories).
- ADAPTIVE BEHAVIOR:** Assessment of child's general behavior in the school and home settings (may include adaptive behavior skills and activities in the community).
- SOCIOCULTURAL:** Collection of information and procedures to consider potential influence of sociocultural background or cultural, linguistic diversity.
- OBSERVATION IN CLASSROOM/OTHER ENVIRONMENT:** Observations of child's performance and functioning in the classroom and/or other appropriate settings.
- VOCATIONAL:** Assessment of vocational interests, aptitudes, and skills.
- ASSISTIVE TECHNOLOGY**
- OTHER CONCERNS AND ASSESSMENTS:**