Μοττρατί Νοσταρ τα ολορχία

		WKILLEN	NUTICE	IUPAI	KEN I S	
NAME OF C	HILD:			STUDENT ID:		
	FIRST	MIDDLE	LAST			
BIRTHDATE	Ξ:	GRADE	А	GE	DATE:	
PARENT(S):	MONTH/DAY/YEAF	R			Μ	IONTH/DAY/YEAR
PHONE: (W	ORK)	(HOMI	E)		(OTHER)	
ADDRESS:	STREET ADDRESS/P.O. B	OX CITY	STATE	I ZIP	DISTRICT/AGENCY:	
To:		PARENT OR YOUNG A	ADULT (if young adult	has reached age	e of majority)	
This notice is	s to inform you of the s	chool district's inten	t as follows:			
	ON OF ACTION: In the or change the form	PROPOSED OR ollowing:	REFUSED			
	Identification of your c Evaluation/Reevaluation Educational placement Provision of a Free and Parent Revocation of C Other and Rationale of the pro-	on to determine disat /services Appropriate Public Consent	bility and nature, ex	tent of speci	lucation services ial education and related	services needed
Description o	f any options considere	d and reasons refuse	:d:			
Description o	f each evaluation proce	dure, test, record, or	report used as a b	asis for the p	roposed or refused actio	n:
Description o	of any other factors relev	vant 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:

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

SIGNATURE OF DISTRICT/PUBLIC AGENCY OFFICIAL

DISTRICT/AGENCY

STREET ADDRESS/P.O. BOX	CITY	STATE	ZIP	
SCHOOL USE ONLY:	Notice sent by:	Date Mailed		

TELEPHONE

DATE

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. *Provide documentation of Electronic Delivery