THE LYNE	
	1907

## WRITTEN NOTICE TO PARENTS

Name of Child: Age:		State Testing Number:	Birthdate:
		 Grade:	District/Agency:
Date: To:			
		f the school district's intent as follows:	
DESC	CRIPTION OF ACTION	: PROPOSED or REFUSED	
		To 🗌 initiate <b>and/or</b> 🗌 change the foll	owing:
	Identification of you	r child as having a disability which requ	ires special education services
	Evaluation/Reevalua services needed	ation to determine disability and nature,	extent of special education and related
	Educational placem	ent/services	
	Provision of a Free a	and Appropriate Public Education (FAPI	Ξ)
	Parent Revocation	of Consent	
	Other		

1. Explanation and Rationale of the proposal or refusal:

2. Description of any options considered and reasons refused:

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

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

Translation/Interpretation needed? If yes,

Parents or Adult Students have protection under the procedural safeguards. Additional resources and options for dispute resolution, such as IEP facilitation, mediation, filing a state complaint, and/or filing a due process complaint are located within the Parents Rights in Special Education: Notice of Procedural Safeguards. To obtain a copy, contact at .

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

om:	Name of District / Public Agency Official		Phone	Email
	School	Street Address / P.O.Box	City	<u>OK</u> State Zip
	Signature		Date	
ice S	Sent By:			