

DATE: _____

PARENTAL PRIOR NOTICE OF DISTRICT REFUSAL

Student Name: _____ Grade: ____ DOB: _____ ID#: _____

Dear Parent/Guardian/Student:

Federal regulations require that parents/guardians or legally recognized adult students be provided with prior written notice each time the District refuses to initiate or change the identification, evaluation, educational placement or the provision of a free appropriate public education (FAPE) for your child. The District refuses the action(s) described below:

1. The Parent proposes the following action(s):

2. The Parent proposes the above action(s) because:

3. The District refuses to take the following requested action(s):

4. The District refuses to take the above requested action(s) because:

5. The District considered the following other option(s):

6. The District rejected the option(s) because: (list those rejected)

7. The following evaluation procedure(s), assessment(s), record(s) or report(s) were utilized by the District as a basis for its refused action(s), (e.g., list test results, present levels, alternative assessments, educational records, etc.):

8. The factors that the District considered that are relevant to its refused actions are described below:

Parents/guardians or legally recognized adult students have the right to seek resolution of disagreements by initiating an impartial due process hearing and/or formal mediation. A copy of your Explanation of Procedural Safeguards (rights) is attached. If you have any questions regarding your special education rights, or need assistance, please contact: _____ at _____.

Date sent/given: _____ To _____

Principal or Designee (person completing form) Title

