

Date Notice Provided: 05/02/17
mm/dd/yy

MO STATE SAMPLE

Method of Provision:
 Personally Present
 Mailed

Student's Name Sam Student, Jr.
Parent/Guardian Mr. and Mrs. Sam Student

<Insert District Information>

NOTICE OF ACTION

In accordance with Part B of the IDEA

Prior Written Notice must be given before our district takes certain actions.

The following is to describe the action(s) Proposed or Refused by our district.

<p>Consent is REQUIRED for these actions to be carried out:</p> <input type="checkbox"/> Initial evaluation <input type="checkbox"/> Initial services <input type="checkbox"/> Reevaluation (With Assessment)	<p>Consent is NOT REQUIRED for these actions to be carried out:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> Reevaluation (Without Assessment) <input type="checkbox"/> Change in eligibility <input checked="" type="checkbox"/> Change of placement <input checked="" type="checkbox"/> Change of services <input type="checkbox"/> Graduation with regular diploma <input type="checkbox"/> Initial eligibility </div> <div style="width: 35%;"> <input type="checkbox"/> Initial placement <input type="checkbox"/> Ineligibility for services <input type="checkbox"/> Other: (Specify) _____ </div> </div>
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Explanation of Action: (The reason(s) for the proposal or refusal):
Pursuant to the parent's written revocation of consent for special education services and placement, Sam's placement will be changed to the regular education classroom 100% of the time. Sam's speech services for 60 minutes per week and reading comprehension services for 150 minutes per week will be discontinued at parent's written request on May 12, 2017 (10 days from date of this notice) or upon parent written consent to waive the 10 days.

Options Considered and Why Rejected:

- Option(s) that was/were considered by the IEP team: No other options were considered due to parent's right to revoke consent for special education services.
- The reason(s) why each option was rejected: Not applicable when parent revokes consent for special education services and placement.

Basis for the Action: (A listing or attached description of each evaluation procedure, assessment, record, or report used as a basis for the action):
Sam Student Jr.'s parents, Mr. and Mrs. Sam Student, have provided a written revocation of consent for special education services. See the attached letter.

Other Factors Relevant to the Action: When parents revoke consent for services for their child, the child and his/her parents no longer have the protections provided under the procedural safeguards of Part B of the Individuals with Disabilities Education Act (IDEA).

Procedural Safeguards Statement

Parents of a child with a disability have protection under the procedural safeguards of Part B of the Individuals with Disabilities Education Act (IDEA). A copy of The Procedural Safeguards Statement for Parents and Children may be obtained from <insert name and address of local district special education contact>.

If you need assistance in understanding the provisions of the procedural safeguards, you may contact <insert name, address and telephone number of local district special education contact> or the Special Education Compliance Section at the Department of Elementary and Secondary Education at (573) 751-0699 or via e-mail at secompliance@dese.mo.gov.

When seeking consent for evaluation, a description of the areas to be assessed and the tests to be used [if known] must be provided with this Notice.

When parents revoke consent for services for their child, the child and his/her parents no longer have the protections provided under the procedural safeguards of Part B of the Individuals with Disabilities Education Act (IDEA).

If you have any questions or object to this action, contact me immediately.

<u>Debbie Director</u>	<u>SPED Process Coordinator</u>	<u>555-555-5555</u>
Name	Title	Phone Number

Consent REQUIRED for Action to be Carried Out

PARENT SIGNATURE FOR CONSENT IS REQUIRED before the following actions can be initiated:

- Initial evaluation (with assessment* or without assessment)
- Initial services
- Reevaluation (with assessment*)

I understand and agree to the proposed action. Action may be implemented immediately upon signature of parent/guardian.

Parent/Guardian Signature

Date of Parent/Guardian Signature

Date signed consent received by public agency _____

***A description of the areas to be assessed and the tests to be used (if known) must be provided with this Notice.**

**Consent NOT REQUIRED for Action to be Carried Out
(Waiver of 10 Days Allows for the Immediate Initiation of Action)**

I understand that the action being proposed cannot be carried out for ten days from the date of the Notice, unless I waive that time requirement.

Time requirement waived: I understand this provision and my signature below indicates that I am in agreement for the action to be carried out in less than the ten days.

Parent/Guardian Signature

Date of Parent/Guardian Signature: _____

Date received by public agency _____

OR

Verbal Waiver obtained

Date: _____

Time: _____

Method: _____

LEA staff signature

Title: _____