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| --- | --- |
| Student’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date Provided:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(mm/dd/yyyy) |
| Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | | --- | | Method of Provision: Personally present  Mailed | | Hand carried by student  Emailed | |
|  |  |

<Insert District Information>

**Prior Written Notice**

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.

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| Consent is **required** for these actions to be carried out:  Initial evaluation  Initial services  Reevaluation (with assessment) | Consent is **not required** for these actions to be carried out:  Initial placement  Initial eligibility  Change in eligibility  Ineligibility for services  Change of placement  Change of services  Graduation with regular diploma  Other: (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Description and Explanation of Action:**  Describe in detail the action(s) being proposed or refused and the reason(s) for the proposal or refusal. | |
|  | |
| **Basis for the Action:**  Description or listing of each evaluation procedure, assessment, record, or report the school district used in deciding to propose or refuse the action. (may attach separate document) | |
|  | |
| **Options Considered and Why Rejected:**  Description of any other options for the provision of a Free Appropriate Public Education (FAPE) that the Individualized Education Program (IEP) Team considered and the reasons why those options were rejected. | |
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| **Other Factors Relevant to the Action:** | |
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| **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 Missouri Department of Elementary and Secondary Education at 573-751-0699 or via email at secompliance@dese.mo.gov. |

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| **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 Prior Written 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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Prior Written Notice. |
|  |
| **Consent NOT REQUIRED for Action to be Carried Out**  (Agreement for Immediate Initiation of Action) |
| I understand prior written notice must be provided to parents a reasonable time (generally ten days) before the district’s proposed action or refusal goes into effect. My signature below, or documentation of my verbal agreement, indicate I have had ample time to consider the proposed action before its implementation and agree that it may be implemented as soon as is practical.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent/Guardian Signature Date of Parent/Guardian Signature  Date signed consent received by public agency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **OR**  Verbal agreement for immediate initiation of action obtained from parent  Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Method:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  LEA Staff Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |