

Date:	Date of Action:
Student:	DOB:
Grade:	School:

**Prior Written Notice**  
*For Special Education*

**This form is to be completed every time the school district proposes or refuses to change the identification, evaluation or educational placement of the child or the provision of a free appropriate public education to the child**

Under 34 CFR §300.503(a), the school district must give you a written notice (information received in writing), whenever the school district: (1) Proposes to begin or change the identification, evaluation, or educational placement of your child or the provision of a free appropriate public education (FAPE) to your child; or (2) Refuses to begin or change the identification, evaluation, or educational placement of your child or the provision of FAPE to your child. The required content under 34 CFR §300.503(b) is listed below. The school district must provide the notice in understandable language (34 CFR §300.503(c)).

**Prior Written Notice**

**1. Description of the action that the school district  proposes or  refuses to take:**

- Conduct an initial evaluation
- Determination that the student is *NOT* eligible for special education and related services
- Determination that the student *IS* eligible for special education and related services
- Implementation of a new IEP dated:
- Revise IEP dated:
- Conduct Re-evaluation
- Change in eligibility category
- Proposes to initiate/change the student's placement
- Other (please specify):

**2. Explanation of reason why the school district is proposing or refusing to take that action:**

- Evaluation results support action recommended
- Educational performance supports action recommended
- IEP goals have been satisfactorily achieved

**3. Description of each evaluation procedure, assessment, record, or report the school district used in deciding to propose or refuse the action:**

- |   |  |  |  |                                    |
|---|--|--|--|------------------------------------|
| <input type="checkbox"/> Parent reports | <input type="checkbox"/> Teacher reports | <input type="checkbox"/> Record review | <input type="checkbox"/> Classroom observation | <input type="checkbox"/> Grades    |
| <input type="checkbox"/> Communication  | <input type="checkbox"/> Adaptive        | <input type="checkbox"/> Achievement   | <input type="checkbox"/> Social/emotional      | <input type="checkbox"/> Cognitive |
| <input type="checkbox"/> Health/Medical | <input type="checkbox"/> Therapist       | <input type="checkbox"/> Other:        |  |                                    |

**4. Description of any other choices that the Individualized Education Program (IEP) Team considered and the reasons why those choices were rejected:**

5. Description of other reasons why the school district proposed or refused the action:

- Options did not provide FAPE in the least restrictive environment
- Other:

6. Resources for the parents to contact for help in understanding Part B of the IDEA:

Please contact Special Education office at 233-1100.

7. Copies of the procedural safeguards can be obtained on line at www.ride.ri.gov or by contacting the Special Education office at 233-1100.

- A copy of the within Prior Written Notice was hand delivered to the parent on \_\_\_\_\_.
- A copy of the within Prior Written Notice was mailed by regular mail to the parent on \_\_\_\_\_.

**Consent to Initial Provision of Special Education and Related Services  
(To be used for Initial Placement)**

- I accept the placement of our child in Special Education to receive special education and related services.
- I reject the placement of our child in Special Education.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Consent to Initial/Re-Evaluation  
(To be used for Initial or Re-evaluation)**

- I grant authorization to the School District to conduct an initial evaluation of my child as described below.
- I grant authorization to the School District to conduct a re-evaluation of my child as described below.
- I do not grant authorization to the School District to conduct an initial/re-evaluations of my child as described below.

The evaluation areas to be assessed are:

- Education       Psychological       Speech/Language       Social History       Vocational
- Occupational Therapy       Physical Therapy       Neuropsychological       Functional Behavior Assessment
- Other:

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**10 School Days Notice WAIVER  
(To be used when parent agrees to IEP/IEP changes)**

- I understand that I am entitled to receive 10 school days prior notice before the School District initiates a change in my child's educational program.
- I waive my right to 10 school days prior notice before the school district implements the initial/ revised IEP.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date