

NOTICE OF RECOMMENDED EDUCATIONAL PLACEMENT

***** School Age

Date: _____

Name and Address of Parent :

Student's Name: _____

Dear _____ :

This notice summarizes recommendations for your child's education program.

This notice is to be given to the parent of a child with a disability a reasonable time before the school district proposes to initiate or change, or refuses to initiate or change the identification, evaluation or educational placement of the child or the provision of a free appropriate public education to the child.

1. Action proposed or refused:

2. Why the action is proposed or refused:

3. A. Description of any other options that were considered:

B. Reasons why these options were rejected:

4. Evaluation procedure(s), test(s), record(s) or report(s) used as a basis for the proposed action or action refused:

5. Other factor(s) relevant to proposal or refusal:

The educational placement recommended for your child is: (Type of service, type of support, ex: full time learning support)

 School District Superintendent

 Signature

 Date

You have certain rights and protections under law that is described in a document titled ***Procedural Safeguards Notice***. If you need more information or want a copy of the ***Procedural Safeguards Notice***, you may contact:

 Name

 Position

 Phone Number

DIRECTIONS FOR PARENTS: Please check one of the options, sign this form, and return it within **10 days** to the person listed above.

I **approve** this recommendation

I **do not approve** this recommendation

My reason for **disapproval** is:

I request:

Pre-hearing Conference

Mediation

Due-process Hearing

I will need the following accommodations to be made so that I may attend the above.

 Parent's Signature

 Date

 Daytime Phone