



Student:	Student UID#	DOB:
School:	Grade:	Age:

**PRIOR WRITTEN NOTICE  
Decisions of the Local Education Agency**

The purposes below apply to this meeting:

Eligibility	Educational Placement/Change in Placement
Annual Review	Disciplinary Change in Placement
Reevaluation	Other:

Dear: \_\_\_\_\_:  
(Parent/Guardian/Student)

State and federal laws regarding students with disabilities require that the Local Education Agency (LEA) notify and inform you if certain changes are being made to your child’s educational program. You must be informed when the LEA:

1. Proposes to initiate or change the identification, evaluation, or educational placement of the child or the provision of a free appropriate public education (FAPE) to the child; or
2. Refuses to initiate or change the identification, evaluation, or educational placement of the child or the provision of FAPE to the child.

**EXPLANATION OF ACTION(S) PROPOSED:**

1. Description of action(s) proposed:

2. Explanation of why the agency proposed to take the action:



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**EXPLANATION OF ACTION(S) REFUSED:**

3. Description of action(s) refused:

4. Explanation of why the agency refused to take the action:

5. A description of each evaluation procedure, assessment, record, or report the agency used as a basis for the proposed or refused action(s):

This is the final decision of the local education agency. If you (Parent, Guardian or Adult Student) disagree, you are entitled to the due process rights that are described in the *Parent Rights and Responsibilities in Special Education: Notice of Procedural Safeguards*.

For an explanation of the rights described in the Procedural Safeguards: Handbook on Parents' Rights, or an additional copy, please contact your school principal or local director/coordinator of Exceptional Children Programs. Additional information can be obtained through the Exceptional Children's Assistance Center (ECAC), 1-800-962-6817.

C: EC File, Parent/Guardian

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6. A description of other options that the IEP Team considered and the reasons why those options were rejected:

7. A description of other factors that are relevant to the agency's proposal or refusal:

This decision will be implemented on: --/--/----

Prior Written Notice was given to the parent by:		Date: --/--/----
Prior Written Notice was delivered by:		Date: --/--/----



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**IEP TEAM PARTICIPANTS**

The following individuals were present and participated in the IEP Team decision. (A Request to Excuse Required IEP Team Member(s) has been obtained if any of the below participants are identified as excused. Note with an asterisk (\*) if any team member who used alternative means to participate.)

Name/Signature	Position	Date
	Parent/Guardian/Student	
	Parent/Guardian/Student	
	Parent/Guardian/Student	
	LEA Representative	
	Special Education Teacher	
	General Education Teacher	
	Interpreter of Instructional Implications of Evaluations	