



## Prior Written Notice

Student's Name: \_\_\_\_\_

Date given/sent/mailed: \_\_\_\_\_

Dear Parent:

Public agencies are required to provide written notice to the parent when they propose/refuse to initiate or change the identification, evaluation or educational placement of a child, or propose/refuse to initiate or change the services and supports provided to a child which constitute a Free Appropriate Public Education (FAPE). This letter is your notice of the following action proposed or refused regarding your child.

### REQUEST

On \_\_\_\_\_ (date), your child's school proposed the following action as outlined below.

#### ACTION PROPOSED

**Your child's school proposes to:**

- Conduct an initial comprehensive evaluation of your child
- Conduct a reevaluation of your child
- Determine your child's eligibility status and disability category
- Change your child's eligibility status or disability category based on a comprehensive reevaluation
- Exit your child from special education
- Begin new special education and/or related services
- Develop an Individualized Education Plan (IEP) for your child
- Change your child's IEP and/or special education and/or related services (e.g., annual goals, participation in State-wide assessments, supplementary aids and services, or supports to school personnel)
- Provide Extended School Year (ESY) services
- Change your child's educational placement
- Remove your child for disciplinary reasons which results in a change in placement (e.g., removal for more than 10 days during a school year or removal to an Interim Alternative Educational Setting)
- Other \_\_\_\_\_

*Describe the specific action proposed:*

**This action will go into effect:**

- after receiving your informed written consent on the parental consent form (for evaluations).
- on \_\_\_\_\_ (date)

#### ACTION REFUSED

**Your child's school refuses to:**

- Conduct an initial comprehensive evaluation of your child
- Conduct a reevaluation of your child
- Change your child's eligibility status or disability category based on a comprehensive reevaluation
- Change your child's IEP and/or special education and/or related services (e.g., annual goals, participation in State-wide assessments, supplementary aids and services, or supports to school personnel)
- Provide Extended School Year (ESY) services
- Change your child's educational placement
- Other \_\_\_\_\_

*Describe the specific action proposed:*

### REASON/JUSTIFICATION

List the reason(s) or justification(s) for taking the proposed action(s) or for refusing to take the action(s) requested.

Describe other options that were considered and rejected.

The following evaluation procedures, tests, records, or reports were used in making this decision:

- School records (e.g., grades, attendance reports, teachers' observation, achievement test scores, discipline reports, current IEP)
- Assessment data (e.g., language, physical, emotional/behavioral, sociological, medical, intellectual, educational performance)
- Behavior Plan (BIP) / Functional Behavioral Assessment (FBA)
- Parent Information
- Other: \_\_\_\_\_

Describe any other relevant factors to this situation.

You and your child have protections under both the Individuals with Disabilities Education Act (IDEA) and State Board of Education Policy 7219. If you are a parent of a child with a disability, at least once per year you will be provided a copy of the Procedural Safeguards Notice, which describes the rights of you and your child. A copy of the Procedural Safeguards can be found at: <http://www.rcsd.ms/Page/40090>. If you have any questions about your rights and/or would like assistance in understanding your rights, you may contact me or any of the following:

Mississippi Dept. of Education  
Post Office Box 771  
Jackson, MS 39205  
Phone: 601-359-3498  
Fax: 601-359-1829  
**Toll Free Parent Hotline**  
1-877-544-0408

Disability Rights of Mississippi  
210 E. Capital Street, Suite 600  
Jackson, MS 39201  
Phone: 601-968-0600  
Fax: 601-968-0665  
**Toll Free Number**  
1-800-772-4057

MS Parent Training & Information Center  
2 Old River Place, Suite M  
Jackson, MS 39202  
Phone: 601-969-0601  
Fax: 601-709-0250  
**Toll Free Number**  
1-800-721-7255

Please contact me if you have any questions regarding this information:

Sincerely,

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Telephone Number

**Seven Day Notice/Waiver**

- I understand that I have 7 days to consider the committee's decision, but I would like to waive the 7-day waiting period so that the committee's action or refusal may begin on \_\_\_\_\_.
- I understand that I have 7 days to consider the committee's decision as described above. I do not waive the 7-day waiting period so the action or refusal may not begin until after 7 days.

**Parent's signature:**

**Date:**