NOTICE OF RECOMMENDED ASSIGNMENT
Child's Name:

NOTICE OF RECOMMENDED ASSIGNMENT (NORA)

********** Student

Date:

Name and Address of Parent:

Student's Name:

Dear:

This letter summarizes recently developed recommendations or proposed changes for your child's education program and/or assignment.

1. [ ] Your child should begin to receive gifted education services. The school district will not proceed without your approval of this recommendation (the GIEP is attached).

2. [ ] Your child's gifted education placement or services should be changed as noted in the GIEP. The school district will proceed with this change unless you notify us with your written disapproval (the GIEP is attached. You have 10 calendar days to respond to a notice of recommended assignment sent by mail or five calendar days to respond to a notice presented in person at the conclusion of a GIEP conference. If you receive the notice in person and approve the recommended assignment within five calendar days, we may not implement the GIEP for at least five calendar days, to give you an opportunity to notify us within the five-day period of a decision to revoke the previous approval of the recommended assignment.

3. [ ] Your child is no longer in need of gifted education. We recommend current gifted education services be discontinued. The school district will proceed with this change unless you notify us with your written disapproval. You have 10 calendar days to respond to a notice of recommended assignment sent by mail or five calendar days to respond to a notice presented in person at the conclusion of a GIEP conference. If you receive the notice in person and approve the recommended assignment within five calendar days, we may not implement the GIEP for at least five calendar days, to give you an opportunity to notify us within the five-day period of a decision to revoke the previous approval of the recommended assignment.

4. [ ] Your child is graduating from high school. All gifted education services will cease at the end of the current school term.

5. [ ] Your child is not in need of gifted education and should continue in his/her present assignment.

6. [ ] The school district is refusing your request to initiate or change your child's:
   [ ] Identification
   [ ] Evaluation
   [ ] Educational placement
   [ ] Provision of education
   The reasons and basis for this refusal are:

7. [ ] Other: _____

This assignment was recommended after a review of the options that were used to assist in identifying the services and programs that will meet your child's needs. The assignment recommended for your child is:

NOTICE OF RECOMMENDED ASSIGNMENT
Child's Name:

Reasons the recommendation is appropriate: (Include evaluation procedures, reports and other factors used in making the recommendations)

Description of the options that were considered and the reasons why those options were rejected:

Dr. William D. Gathers
School District Superintendent

Signature

Date

You have certain rights that are described in the attached Notice of Parental Rights. Please carefully read the information. If you need more information, you may contact:

Ronald R. Rowe
Name

Assistant Superintendent
Position

724-662-5100 ext. 10
Phone Number

rrowe@mercer.k12.pa.us
E-mail Address

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:

[ ] Due-process Hearing*

[ ] Mediation*

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

Parent's Signature

Date

Daytime Phone

E-mail Address

*The enclosed Notice of Parental Rights provides information on the options listed above.