



STUDENT SUPPORT SERVICES

1600 N 7th Street ~ West Monroe, Louisiana 71291
Phone: (318) 432-5400 Fax: (318) 432-5595

FORMAL REQUEST FOR EARLY INITIATION OF SPECIAL EDUCATION ACTION

I, _____, understand that prior written notice (PWN) must be provided to parents of a child with a disability at a reasonable time before the school district's proposal or refusal to take special education action goes into effect. I further understand that Louisiana law has defined this reasonable time period as being ten (10) calendar days before the school district can initiate the special education proposal and/or refusal presented to me in writing on _____.

By my signature below, or documentation of my verbal agreement, I hereby attest and confirm that I have had ample time to consider the school district's proposed or refused action(s) and, by my own free will and in the educational interests of my child, request and agree to the implementation of the school district's proposal as soon as it is practical to do. I do not want to wait the required 10-calendar-day period for the proposed and/or refused action to take place, and I specifically grant authorization for the initiation of the action prior to the end of the 10-calendar-day waiting period.

Parent/Guardian Signature

Date

Date signed request and agreement received by the school district: _____

**DOCUMENTATION OF VERBAL/E-MAIL AGREEMENT
OBTAINED FROM PARENT/GUARDIAN**

Date: _____ Time: _____ Method received: ☐ Phone ☐ Verbal ☐ E-mail (attach copy)

Witness (required): _____

LEA Staff Name: _____

Title: _____

Signature: _____

Date: _____