

NOTICE OF PROPOSAL OR REFUSAL TO TAKE ACTION

The IEP Team has met to consider the following, regarding the educational program for:

STUDENT'S NAME: _____

- Identification Evaluation Placement Other
 LEA Response to DPH Request Provision of Free Appropriate Public Education Other

DECISION REGARDING SPECIFIC ACTION PROPOSED OR REFUSED.

It has been decided that action will be taken by the local education agency.

Check one:

- The local education agency will take the proposed action immediately and without undue delay.
 The local education agency's proposed action will be taken in _____ calendar days to afford the parent a reasonable period of time to consider the proposed action.

BASIS FOR DECISION(S)

DESCRIPTION OF OTHER OPTIONS CONSIDERED AND WHY THE OPTIONS WERE REJECTED

THE FOLLOWING EVALUATION PROCEDURES, ASSESSMENTS, RECORDS, AND/OR REPORTS WERE USED IN MAKING THE DECISION

- | | | | |
|---------------------------------------|--------------------------------------|---|---|
| <input type="checkbox"/> Vision | <input type="checkbox"/> Observation | <input type="checkbox"/> Grades | <input type="checkbox"/> Medical Records |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Speech | <input type="checkbox"/> Developmental Scales | <input type="checkbox"/> Other Agency Information |
| <input type="checkbox"/> Intellectual | <input type="checkbox"/> Language | <input type="checkbox"/> Work Samples | <input type="checkbox"/> State Assessments |
| <input type="checkbox"/> Achievement | <input type="checkbox"/> Motor | <input type="checkbox"/> Discipline Records | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Behavior | <input type="checkbox"/> Interview | <input type="checkbox"/> Attendance Reports | <input type="checkbox"/> Other _____ |

My signature below verifies that if you require notice and an explanation of your rights in your native language, the LEA/agency has accommodated you to ensure your understanding. You are fully protected under the rights addressed in your copy of the *Special Education Rights* document. If you want another copy of your rights, have any questions, or wish to arrange a conference, please contact:

_____ at _____
(Name) (Telephone)

Signature of Education Agency Official

Date Provided/Sent: _____