

NOTICE OF RECOMMENDED EDUCATIONAL PLACEMENT/PRIOR WRITTEN NOTICE FOR REVOCATION OF CONSENT FOR SPECIAL EDUCATION SERVICES (Annotated)

***** School Age

Revised December 31, 2008

ANNOTATION: This *Notice of Recommended Educational Placement/Prior Written Notice (NOREP/PRN)* is to be used by the LEA only to document parental revocation of consent for special education and related services.

Child's Name:

Date:

Name and Address of Parent/Guardian/Surrogate:

For LEA Use Only
Date of Receipt of
Signed *NOREP/PWN*

Dear _____,

This is to notify you of the school's action regarding your child's educational program.

1. Type of action taken:

- Proposes initial provision of special education and related services (For this action, the school may not proceed without your written consent in Section 8 of this document.)
- Refusal to initiate an evaluation (Must issue *Procedural Safeguards Notice*)
- Proposes to change the identification, evaluation or educational placement of the child or the provision of a free appropriate public education (FAPE)
- Refusal to change the identification, evaluation or educational placement of the child or the provision of a free appropriate public education (FAPE)
- Change of placement for disciplinary reasons (Must issue *Procedural Safeguards Notice*)
- Due process hearing, or an expedited due process hearing, initiated by school/district
- Graduation from high school
- Exiting special education
- Exiting high school due to exceeding the age eligibility for a free appropriate public education (FAPE)
- Refusal to change the identification, evaluation or a free appropriate public education (FAPE)
- Extended School Year (ESY) services
- Response to request for an independent educational evaluation (IEE) at public expense
- Other

ANNOTATION: This *NOREP/PWN* is a reference for school districts and charter schools for parental written request to revoke consent for special education and related services. If, at any time, subsequent to the initial provision of special education and related services, the parents of a child revoke consent in writing for the continued provision of special education and related services, the district or charter school can refer to the language in this *NOREP/PWN*. When issuing this *NOREP/PWN*, the school district or charter school should check "Other."

Child's Name:

2. A description of the action proposed or refused by the school/district:

ANNOTATION:

This *NOREP/PWN* is used as a result of receipt of written documentation from the parents revoking consent for special education and related services and to cease special education and related services as per 34 CFR 300.9(c)(3).

3. An explanation of why the school/district proposed or refused to take the action:

ANNOTATION:

The issuance of this *NOREP/PWN* is required by Federal regulations (34 CFR 300.300(b)(4)(i)) prior to the termination of special education and related services. Prior written notice must be issued within a reasonable period of time. A reasonable period of time is defined as ten calendar days.

4. A description of other options that the IEP team considered and the reasons why those options were rejected. If the action proposed or refused is in regard to educational placement, options considered must begin with the general educational environment with supplementary aids and services (information about supplementary aids and services is available on the PaTTAN website at www.pattan.net):

Options Considered	Reason for Rejection
Not Applicable	
Not Applicable	
Not applicable	

ANNOTATION:

This section is not applicable for parental revocation of consent.

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

ANNOTATION:

This section is not applicable for parental revocation of consent.

6. A description of other factors that were relevant to the school's/district's proposal or refusal:

ANNOTATION:

This section is not applicable for parental revocation of consent.

Child's Name:

7. The educational placement recommended for your child is: (State the type of supports, e.g., Itinerant Learning Support, Supplemental Autistic Support, Full-Time Emotional Support.)

ANNOTATION:

This section informs the parents of the amount of special education supports and the type of special education support that are being recommended. Following are the options available to the IEP Team:

Amount of Special Education Supports*

Itinerant
Supplemental
Full Time

Type of Special Education Supports**

Learning Support
Life Skills Support
Emotional Support
Deaf or Hearing Impaired Support
Blind or Visually Impaired Support
Speech and Language Support
Physical Support
Autistic Support
Multiple Disabilities Support

* Select only one of the Amount of Special Education Supports

** May select one or more of the Type of Special Education Supports

ANNOTATION:

The child will return to a full-time regular education placement effective ten calendar days from the date of this *NOREP/PWN*. Special education and related services will cease. If the parents, through written documentation, revoke consent and change their minds within the ten calendar day period, the district would issue another *NOREP/PWN* reflecting this change.

School District
Superintendent/Designee
Charter School CEO

Signature

Date

You have rights and protections under the law described in the *Procedural Safeguards Notice*. If you need more information or want a copy of this notice, you may contact. If you want more information, please contact:

Name and Title: _____ Phone: _____

Email Address: _____

Child's Name:

8. PARENTAL CONSENT

Directions for Parent/Guardian/Surrogate: Please check one of the options, sign this form, and return it within 10 calendar days. In circumstances when this form is NOT completed and parent consent is NOT required, the school will proceed as proposed after 10 calendar days.

I request a meeting to discuss this recommendation with school personnel

I approve this action/recommendation.

I do not approve this action/recommendation. * My reason for disapproval is:

I request: (Contact the Office for Dispute Resolution at 800-360-7282 for additional information)

Mediation

Due process hearing

*If you do not approve the action/recommendation(s), your child will remain in the current program/placement only if you request a due process hearing or mediation through the Office for Dispute Resolution. If you do not request Due Process or Mediation through the Office for Dispute Resolution, the LEA will implement the action/recommendation(s).

SIGN HERE:

Parent's Signature

Date

Daytime Phone

ANNOTATION:

Parents are to select the appropriate option indicating their approval or disapproval of the proposed action. If parents do not approve the recommendation, they should list the reason for disapproval. Parents always have the right to formally request one of the options listed below or they may prefer to work informally to reach agreement.

Mediation: IDEA 2004 revised several provisions of procedural safeguards. LEAs and parents should consult the *Procedural Safeguards Notice* for detailed information related to mediation.

Due Process Hearing: When a parent checks this box, the LEA has the obligation to provide the parent with the Due Process Complaint Notice form and the Procedural Safeguards Notice. A parent filing a due process complaint must provide a copy to the LEA and the Office for Dispute Resolution. LEAs and parents should consult the *Procedural Safeguards Notice* for detailed information related to due process hearings.

NOREP/Prior Written Notice

Child's Name:

PLEASE RETURN THIS ENTIRE FORM TO:

Name:

Address:

Attached are local resources you can consult for additional information about the law and your rights.

For help in understanding this form, an annotated *NOREP/Prior Written Notice* form is available on the PaTTAN website at www.pattan.net Type "Annotated Forms" in the Search feature on the website.

RESOURCES FOR PARENTS

PARENT EDUCATION NETWORK

2107 Industrial Highway
York, PA 17402-2223
717-600-0100 (Voice/TTY)
800-522-5827 (Voice/TTY)
800-441-5028 (Spanish in PA)
717-600-8101 (Fax)
www.parentednet.org

PARENT EDUCATION AND ADVOCACY LEADERSHIP CENTER

1119 Penn Avenue
Suite 400
Pittsburgh, PA 15222
412-281-4404 (Voice)
866-950-1040 (Voice)
412-281-4409 (TTY)
412-281-4408 (Fax)
www.pealcenter.org

HISPANICS UNITED FOR EXCEPTIONAL CHILDREN (HUNE, INC.)

202 West Cecil B. Moore Avenue
Philadelphia, PA 19122
215-425-6203 (Voice)
215-425-6204 (Fax)
www.huneinc.org

THE MENTOR PARENT PROGRAM, INC.

P. O. Box 47
Pittsfield, PA 16340
814-563-3470 (Voice)
888-447-1431 (Voice in PA)
800-855-1155 (TTY)
814-563-3445 (Fax)
www.mentorparent.org

DISABILITIES RIGHTS NETWORK

1414 North Cameron Street
Suite C
Harrisburg, PA 17103
800-692-7443 (Toll-Free Voice)

877-375-7139 (TDD)
717-236-8110 (Voice)
717-346-0293 (TDD)
717-236-0192
www.drnpa.org

PENNSYLVANIA BAR ASSOCIATION

100 South Street
Harrisburg, PA 17101
800-932-0311 (Phone)
www.pabar.org

BUREAU OF SPECIAL EDUCATION'S CONSULTLINE, A PARENT HELPLINE

800-879-2301

ConsultLine personnel are available to parents and advocates of children with disabilities or children thought to be disabled to explain federal and state laws relating to special education; describe the options that are available to parents; inform the parents of procedural safeguards; identify other agencies and support services; and describe available remedies and how the parents can proceed.

OFFICE FOR DISPUTE RESOLUTION

6340 Flank Drive
Harrisburg, PA 17112-2764
717-541-4960 (Phone)
800-222-3353 (Toll free in PA only)
800-654-4984 (TTY)
717-657-5983 (Fax)
ODR.pattan.net

The Office for Dispute Resolution administers the mediation and due process systems statewide, and provides training and services regarding alternative dispute resolution methods.

THE PENNSYLVANIA TRAINING AND TECHNICAL ASSISTANCE NETWORK

Harrisburg 800-360-7282
King of Prussia 800-441-3215
Pittsburgh 800-446-5607
www.pattan.net