

NOTIFICATION OF NONPUBLIC EVALUATION

To: Donna Vaverka
IU1 Consultant for Nonpublic Schools
6353 National Pike
Grindstone, PA 15442

Phone: (724) 938-3241 ext. 537

Fax: (724) 785-7646

School District _____ Date _____

School Psychologist _____ Phone _____

Attached is the signed Permission to Evaluate – Consent Form

for _____
Student

attending _____
Nonpublic School

The 60th calendar day will be _____
Date

Please facilitate the Nonpublic Evaluation Input Forms in the nonpublic school. The district psychologist will schedule an evaluation with the nonpublic school.

At the completion of the ER, we will contact you to schedule a meeting with the parents and the nonpublic school.

District Letterhead

ER Follow-up Action Form

Name of Student: _____ Meeting Date: _____

Parent Name: _____ School District: _____

Address: _____ Nonpublic School: _____

_____ Phone: _____

An Evaluation Report (ER) has been developed in accordance with your request for an evaluation of your child. As your child has been found to have a disability and in need of special education and related services, (s)he is entitled to a Free Appropriate Public Education (FAPE) and an Individualized Education Program (IEP). Should you choose to keep your child in the nonpublic school, you may waive the writing of an IEP and request that an Intervention Plan be developed to assist the nonpublic school in meeting those needs stated in the ER. Please consider the following options and indicate your decision.

- The ER has been reviewed with me. I choose to continue my child's education in the nonpublic school. The school district has offered to develop an IEP and provide FAPE for my child, however I elect to decline FAPE and the development of an IEP for my child.
- The ER has been reviewed with me. I am interested in dual enrollment and would like to proceed to the writing of an IEP for my child.
- The ER has been reviewed with me. I am interested in enrolling my child in the public school district and would like to proceed with the writing of an IEP for my child.

LEA Signature _____ Date _____

Parent Signature _____ Date _____

District Letterhead

FAPE Refusal Letter

Name of Student: _____

Meeting Date: _____

Parent Name: _____

School District: _____

Address: _____

Phone: _____

I have met with the IEP team and developed an IEP that that describes a Free Appropriate Public Education (FAPE) for my child. However, I am electing to decline FAPE and continue his/her present enrollment at _____ located in _____, PA.

I understand that my child has the right to return to the school district's program until he/she reaches the age of 21.

Parent Signature

Date

Use this form when parents decline FAPE after the writing of an IEP

**NOTICE OF RECOMMENDED EDUCATIONAL
PLACEMENT/PRIOR WRITTEN NOTICE (NOREP/PWN)**

School Age _____

Child's Name: _____

Date Sent (mm/dd/yy): _____

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 Local Education Agency's (LEA'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 LEA
- Graduation from high school
- Exiting special education
- Exiting high school due to exceeding the age eligibility for a free appropriate public education (FAPE)
- Extended School Year (ESY) services
- Response to request for an independent educational evaluation (IEE) at public expense
- Other

2. A description of the action proposed or refused by the LEA:

The school district has completed an evaluation for student's Name and has developed an IEP & determined what special education services were needed to meet student's name needs. The district is proposing to provide learning support services in the areas of Reading, English and Math in a resource room setting.

3. An explanation of why the LEA proposed or refused to take the action:

The school district developed an IEP because student's name was evaluated and found to have a disability and in need of specially designed instruction and related services. Result of the evaluation indicated a significant weakness in the areas of Reading, English and Math.

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 regular 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
Dual enrollment was explained to the parent as well as programs offered by the district	Parents decided that they did not want to enroll <u>student's name</u> in <u>name of public school</u> for special education services and decided to continue placement in <u>name of nonpublic school</u> .

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

The evaluation consisted of intelligence and achievement testing, classroom observations, teacher input, parent input, and record review.

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

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

 School District Superintendent/Designee
 Charter School CEO

 Signature

 Date
 (mm/dd/yy)

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, please contact:

Name and Title: _____ Phone: _____
 Email Address: _____

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 parental consent is NOT required, the school will proceed as proposed after 10 calendar days.

- I request an informal meeting with school personnel to discuss this recommendation.
- I approve this action/recommendation.
- I do not approve this action/recommendation.* My reason for disapproval is:

Parents should write that they have decided to continue their child's education at name of nonpublic school.

I request (Contact the Office for Dispute Resolution at 800-360-7282 for information on Mediation and Due Process Hearing):

- Mediation
- Due Process Hearing

* Except for placement in an interim alternative educational setting due to drugs, weapons, or serious bodily injury (§300.530(g), §300.530(i), and §300.531), if you do not approve the action/recommendation, 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.

SIGN HERE:

Parent/Guardian/Surrogate Signature Date (mm/dd/yy) Daytime Phone

PLEASE RETURN THIS ENTIRE FORM TO:

Name: _____

Address: _____

Attached are state and local resources you can consult to help you understand your rights and how the special education process works.

For help in understanding this form, an annotated *NOREP/Prior Written Notice* is available on the PaTTAN website at www.pattan.net. Type "Annotated Forms" in the Search feature on the website. If you do not have access to the Internet, you can request the annotated form by calling PaTTAN at 800-441-3215.

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- Other

2. A description of the action proposed or refused by the LEA:

The school district has completed an evaluation for student's Name and has offered to developed an IEP to determine what special education services were needed to meet student's name needs.

3. An explanation of why the LEA proposed or refused to take the action:

The school district proposed to write an IEP because student's name was evaluated and found to have a disability and in need of specially designed instruction and related services.

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 regular 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
Writing an IEP for Dual Enrollment	Parents decided that they did not want to enroll <u>student's name</u> in <u>name of public school</u> for special education services and decided to continue placement in <u>name of nonpublic school</u> .

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

The evaluation consisted of intelligence and achievement testing, classroom observations, teacher input, parent input, and record review.

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

No other factors were considered because the parents were committed to keeping student's name in his current school.

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

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 Charter School CEO

 Signature

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 (mm/dd/yy)

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