NEVADA PARENTAL PRIOR NOTICE - WITHOUT A MEETING

chool District:	School:		
udent Name: OB:	ID#: Disabil	litv•	Grade: Date:
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ONFIDENTIAL \Box 1 st Notice	\square 2 nd Notice \square 3 nd	rd Notice	Other:
Dear Parent/Guardian and/or Student, Federal regulations require that parents/gu notice each time the District proposes to provision of a free appropriate public edu below:	initiate or change the identificatio	n, evaluation	n, educational placement or
 Proposed or Refused Actions(s): 			
Evaluating the student's special ne Determining the student's eligibili Reevaluating the student's eligibil Conducting an evaluation or reeva further assessment—if you want f Developing an annual Individualiz transition services and/or post-s Revising an Individualized Educa Implementing the Individualized I Changing the student's special edu Cother: Change of placement is from Description of proposed or refuse	ity for special education services lity for continued special education aluation without obtaining additional further assessment(s) to be conducted Educational Program (IEP) for the econdary goals for students beginning attional Program for the student Educational Program developed for acation placement and/or related sent special education to general education	al data (you hed, contact: _ the student, ir ng at age 14 the student or vices not eligible fo	ncluding developing n (date) r special education services,
2. This action is being proposed or ref Academic concerns Health concerns 3-Year Reevaluation is due		☐ Pa	arent concerns beech/Language concerns ther: Eligibility Team Determinati
3. The following options were consider Student and parent conference Academic adjustment and tracking Continuing IEP	Schedule/teacher changes	ns 🗌 O	ot applicable ther:
These options were rejected becaus	e:		
4. The action proposed or refused aboreports: Teacher observation Achievement scores Attendance records	we is based on the following evalua X Eligibility Team Report Curriculum-based assessi Discipline File		res, assessment, records or Not applicable Other:
The following factors are relevant t☐ Parent Concern☐ Student Concern	o the proposal or refusal: Staff Concern X Other: Eligibility team deter	rmination	None
6. At your earliest convenience, please Complete the enclosed form(s) and			