

**NEVADA PARENTAL PRIOR NOTICE - WITHOUT MEETING - Parent Refusal of Services**

**School District:** \_\_\_\_\_  
**Student Name:** \_\_\_\_\_  
**DOB:** \_\_\_\_\_

**School:** \_\_\_\_\_  
**ID#:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
**Disability:** \_\_\_\_\_ **Date:** \_\_\_\_\_

CONFIDENTIAL     1<sup>st</sup> Notice     2<sup>nd</sup> Notice     3<sup>rd</sup> Notice     Other: \_\_\_\_\_

Dear Parent/Guardian and/or Student,  
 Federal regulations require that parents/guardians or legally recognized adult students be provided with prior written notice each time the District proposes to initiate or change the identification, evaluation, educational placement or provision of a free appropriate public education (FAPE) for your child. The District proposes or refuses the action(s) below:

1. Proposed or Refused Actions(s):
- Evaluating the student's special needs, based upon an initial referral
  - Reevaluating the student's eligibility for continued special education services
  - Conducting an evaluation or reevaluation without obtaining additional data (you have the right to request further assessment—if you want further assessment(s) to be conducted, contact: \_\_\_\_\_)
  - Implementing the Individualized Educational Program developed for the student on \_\_\_\_\_ (date)
  - Other: \_\_\_\_\_  
 Description of proposed or refused change: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. This action is being proposed or refused because of:
- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Academic concerns          | <input type="checkbox"/> Behavior concerns      | <input type="checkbox"/> Parent concerns          |
| <input type="checkbox"/> Health concerns            | <input type="checkbox"/> Program planning       | <input type="checkbox"/> Speech/Language concerns |
| <input type="checkbox"/> 3-Year Reevaluation is due | <input type="checkbox"/> IEP Development/Review | <input type="checkbox"/> Other: _____             |

3. The following options were considered:
- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Student and parent conference    | <input type="checkbox"/> Schedule/teacher changes    | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> Academic adjustment and tracking | <input type="checkbox"/> School disciplinary actions | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Continuing IEP                   | <input type="checkbox"/> None-annual IEP is required |   |

These options were rejected because: \_\_\_\_\_  
 \_\_\_\_\_

4. The action proposed or refused above is based on the following evaluation procedures, assessment, records or reports:
- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Teacher observation | <input type="checkbox"/> Eligibility Team Report     | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> Achievement scores  | <input type="checkbox"/> Curriculum-based assessment | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Attendance records  | <input type="checkbox"/> Discipline File             |   |

5. The following factors are relevant to the proposal or refusal:
- |  |  |                               |
|--|--|-------------------------------|
| <input type="checkbox"/> Parent Concern  | <input type="checkbox"/> Staff Concern | <input type="checkbox"/> None |
| <input type="checkbox"/> Student Concern | <input type="checkbox"/> Other: _____  |                               |

6. At your earliest convenience, please;
- Complete the enclosed form(s) and return to: \_\_\_\_\_
  - Arrange a meeting to discuss the above action (s) as described

Your assistance is requested to:

- Sign and return the Parent Consent for Initial Evaluation or Reevaluation Requiring Additional Data form.
- Complete the enclosed \_\_\_\_\_ and return to us.
- Arrange to meet with the team to discuss the above proposed action.
- Not applicable—information only