

NEVADA PARENTAL PRIOR NOTICE - WITH MEETING

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

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

CONFIDENTIAL [ ] 1st Notice [ ] 2nd Notice [ ] 3rd 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
[ ] Determining the student's eligibility for special education services
[ ] 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: \_\_\_\_\_)
[ ] Developing an annual Individualized Educational Program (IEP) for the student, including developing transition services and/or post-secondary goals for students beginning at age 14
[ ] Revising an Individualized Educational Program for the student
[ ] Implementing the Individualized Educational Program developed for the student on \_\_\_\_\_ (date)
[ ] Changing the student's special education placement and/or related services
[ ] Other: \_\_\_\_\_
[ ] Description of proposed or refused change: \_\_\_\_\_

- 2. This action is being proposed or refused because of:
[ ] Academic concerns [ ] Behavior concerns [ ] Parent concerns
[ ] Health concerns [ ] Program planning [ ] Speech/Language concerns
[ ] 3-Year Reevaluation is due [ ] IEP Development/Review [ ] Other: \_\_\_\_\_

- 3. The following options were considered:
[ ] Student and parent conference [ ] Schedule/teacher changes [ ] Not applicable
[ ] Academic adjustment and tracking [ ] School disciplinary actions [ ] Other: \_\_\_\_\_
[ ] Continuing IEP [ ] 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:
[ ] Teacher observation [ ] Eligibility Team Report [ ] Not applicable
[ ] Achievement scores [ ] Curriculum-based assessment [ ] Other: \_\_\_\_\_
[ ] Attendance records [ ] Discipline File

- 5. The following factors are relevant to the proposal or refusal:
[ ] Parent Concern [ ] Staff Concern [ ] None
[ ] Student Concern [ ] 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

**NEVADA PARENTAL PRIOR NOTICE - PROPOSED MEETING ARRANGEMENTS**

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

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

Dear Parent/Guardian/Adult Student:

We have tentatively scheduled a meeting with you to discuss the information noted on the attached Parental Prior Notice Form. If this meeting time is not convenient for you, please review the options at the bottom of this sheet and return to the school at your earliest convenience. You have the right to invite persons who have knowledge or special expertise regarding your child to the meeting. The student beginning at age 14 will be invited to participate in IEP meetings when transition will be discussed. (If your child is transitioning from Nevada Early Intervention Services (Part C Services) at age three, you may ask that the District invite a service provider or coordinator from that agency to participate in your child's initial IEP meeting. Please contact the person listed below if you would like the District to invite a Part C representative to participate in your child's initial IEP meeting).

**Proposed Meeting Arrangements:**  Check if meeting not applicable

Date \_\_\_\_\_ Time: \_\_\_\_\_ We will be meeting at: \_\_\_\_\_

At the present time, we anticipate that the following team members will be invited:

- Parent                       Student                       Related Service \_\_\_\_\_  
 Special Education Teacher    Regular Education Teacher    LEA    Other \_\_\_\_\_

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 PLEASE DETACH HERE AND RETURN TO SCHOOL

Student Name: \_\_\_\_\_ Proposed Meeting Date: \_\_\_\_\_ Proposed Meeting Location: \_\_\_\_\_  
 Proposed Meeting Location: \_\_\_\_\_

**Please indicate your meeting preference, sign below, and return to the school.**

- I will attend the meeting at the time and place indicated.  
 I wish to attend the meeting, but am unable to meet on the date or time indicated; however, I can meet on: \_\_\_\_\_  
 I would prefer a telephone conference and am available from \_\_\_\_\_ at \_\_\_\_\_.  
(Hours) (Phone)  
 I give the consent to the District to Invite the following Person(s) \_\_\_\_\_ From \_\_\_\_\_.  
(Participating Agency)  
 I wish to attend but cannot meet on the dates specified; however, I can meet on \_\_\_\_\_ at \_\_\_\_\_,  
 if this is mutually acceptable. (Date) (Time)

Please call the school to confirm this appointment. If there is a scheduling conflict, an alternative meeting date and/or time may be needed.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

You have procedural protections under IDEA. These protections are explained in the "Special Education Rights of Parents and Children." If this notice is given to you in conjunction with your child's initial referral for evaluation or in conjunction with your child's annual IEP meeting, the procedural safeguards accompany this notice. If a copy of the procedural safeguards is not enclosed and you would like a copy, or if you would like help in understanding the content, please contact \_\_\_\_\_ at (Telephone Number) \_\_\_\_\_.