

NEVADA PARENTAL PRIOR NOTICE - WITHOUT MEETING - FBA

School District: _____
Student Name: _____
DOB: _____

School: _____
ID#: _____ Grade: _____
Disability: _____ Date: _____

CONFIDENTIAL

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