



## Northern Lights Special Education Cooperative

www.nlsec.k12.mn.us

302 14<sup>th</sup> Street ~ Cloquet, MN 55720

(218) 879-1283 ~ FAX (218) 879-1285

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**Cautionary Note:** *Though this may seem like an exercise in creative writing, the language needs to reflect reality. Parents, after all, were at the meeting and should be well aware of what was said and considered. Likewise, the "I" in IEP does stand for "individual".*

### **Prior Written Notice:**

- Sent with any proposed significant change to what was previously identified in the IEP.
- When sent with a new IEP, the service start date on the IEP should be 14 days after the date of this form.
- When sent with an initial IEP, it must specify the disability area of service provision.

### **Box 1: Description of the action proposed or refused by the district:**

*(This is a statement of what you are planning to do or refusing to do and which you want the parents to endorse. **Be specific!** With an IEP, you must reference the date of the IEP meeting.)*

- Implement the new IEP, which is enclosed for your review, as discussed on (*date of IEP meeting*) to begin services in reading and math.
- The district will increase (or decrease) service time (should include details: "from 45 to 60 minutes per day") in the area of SLD reading.
- The district will be adding (or eliminating) related services or paraprofessional time.
- The district wants to begin the three year re-evaluation using the enclosed plan.
- The district is adding the additional accommodation (describe) in (content area) class.
- The district is refusing the request for a parent requested evaluation or a complete re-evaluation.

### **Box 2: Explanation of why the district proposed to take or refused to take the action:**

*(Briefly and succinctly state why the district proposes or refuses to do what is stated in Box 1.)*

- As requested by parents, work based learning services will be discontinued.
- The new IEP reflects the discussion and agreements of the IEP meeting.
- A re-evaluation is required every 3 years to determine if (name) is still eligible for services and to re-establish current levels of performance and needs.
- Because student is progressing acceptably, no increase in service will be provided.
- Student is currently failing science/social/whatever class(es).

### **Box 3: Description of each evaluation.....the requested action:**

*(This is NOT an evaluation plan repeat. Briefly (less is more!) state the data sources the district used in making the decision stated in Box 1.)*

- Parent input
- Teacher reports
- Grades/Report Card

- State test scores
- Progress on goals
- Evaluation data
- Outside evaluation

**Box 4: Description of other options the team considered and why those options were proposed or rejected:**

*“None” is not acceptable. When deciding upon an action (Box 1), there are always alternative solutions or actions. Briefly state what they were and why they were not chosen.*

- Another ability test was considered but the 2 tests already given produced near identical results which were deemed acceptable.
- Reducing service time was considered, but it was decided that current success was dependent upon current service time.
- Providing services in the general education setting was rejected because student’s need dictated more intense, one-to-one instruction.
- Enrolling in algebra, but functional math skills were determined to be more appropriate and beneficial than academic math standards.
- Adding paraprofessional time was considered, but student currently has continuous adult support and his needs are being met.
- Providing extra time for assignment completion was rejected because the accommodation was not appropriate for the student’s disability.

**Box 5: Description of other factors affecting the proposed or rejected action:**

*“None” is allowed here. Here you might list situations or factors that impact the proposed action but have not been identified previously.*

- Student’s attendance has been poor. S/He misses 14 of the last 20 school days.
- Student is struggling with mental health issues that are impacting performance.
- Student recently experience the death of a family member.
- Student’s medication has recently been changed.
- The moon is in the seventh house and Jupiter is aligned with Mars.
- Medical issues require frequent absences for long periods of time.

**Parental Consent/Objection Form**

- This form accompanies the Prior Written Notice form and the Evaluation Plan Prior Written Notice and is returned to you with the parent’s signature or concerns.
- Initial services cannot start until after the date parents have provided written consent.
- For non-initial, new or changed services may start upon the date the parent signs and returns this form, however, the IEP should reflect a start date that is no less than 14 days after the date the Prior Written Notice was sent.
- If the parent does not sign and you re-write some part of the IEP because of parent objections, change the date the IEP was written (NOT the meeting date) and resend with Prior Written Notice and The Parent Consent/Objection Forms.

April 2015