

## SpEd Forms PWN July 1, 2019:

Before July 1, 2019 make sure to finalize all Notice of Eval/Re-eval PWN and PWN/Consent forms. Your information in #1 - #5 will not transfer to the new 2019 forms!

Below is how the new PWN will look, drop downs on page 2 & 3.

### Evaluation/Reevaluation Plan Prior Written Notice

Student: Donald Duck

Login: 119 minutes

Exclusive Rights: 59 minutes

You currently have [Exclusive Rights](#) to this page. They expire at 03/16/2019 6:30:03 pm.

#### Errors preventing finalization

The form date must be entered before you can finalize this form.

Student: Donald Duck

ID: 9999999990002

Date:

School: Cloquet Area Alternative Education Programs Grade: 03

DOB: 11/16/2008

Dear **Donald Duck Senior** and **Mrs. Duck**:

You are receiving this notice because the school is proposing or refusing actions regarding your child's identification, evaluation, educational placement or free appropriate public education (FAPE).

#### 1. Actions Proposed or Refused

---Select or Type Below---

Order	Area	Materials & Procedures	Evaluators	Provider
1	Intellectual Functioning	Wechsler Intelligence Scale for Children - Fourth Edition (WISC-IV)	School Psychologist	Shannon Proulx
3	Social, Emotional, Behavioral	Autism Diagnostic Observation Schedule II Autism Spectrum Rating Scale Developmental History Systematic Interview with Parent Review of Outside Medical Report	ASD Licensed Teacher/School Psychologist/ASD Consultant Special Education Teacher	

#### 2. Explanation (Why)

---Select or Type Below---

#### 3. Sources of Information

---Select or Type Below---

#### 4. Other Options Considered

---Select or Type Below---

#### 5. Other Relevant Factors

---Select or Type Below---

### Your Rights

For a proposed initial evaluation:

- The school will not proceed with the initial evaluation proposed in this notice without first receiving your written consent.
- If you provide written refusal to an initial evaluation, the school may not override your decision.

### 1. Actions Proposed or Refused

---Select or Type Below---

---Select or Type Below---

**SpEd Forms Options**

---INITIAL EVALUATION---

CHLD is at-risk for not reaching grade-level standards and pre-referral interventions have proven unsuccessful.  
CHLD's behaviors are interfering with CHLD's ability to complete classroom assignments and pre-referral intervent...  
Parents have requested an evaluation to determine if CHLD is eligible for and in need of special education servic...  
The District proposes to conduct an initial evaluation to determine CHLD's present levels of educational performa...  
The District proposes to conduct an initial evaluation to determine CHLD's present levels of educational performa...  
The District refuses to conduct an initial evaluation for special education services as requested by the parent.

---REEVALUATION---

The District must periodically conduct a reevaluation to determine if CHLD continues to be eligible for special e...  
The District proposes to conduct a reevaluation to determine CHLD's present levels of educational performance and...  
The District proposes to conduct a reevaluation to determine CHLD's present levels of educational performance, in...  
The District refuses to conduct a reevaluation as requested by the parent.

The District refuses to authorize an Independent Educational Evaluation at District expense as requested by the p...  
As CHLD will no longer be eligible for special education services under the Development Delay label upon reaching...

**System**

--About this Drop Down--

--Clear--

## 2. Explanation (Why)

3. So **SpEd Forms Options**

An initial evaluation is needed to determine if CHLD is a student with a disability and needs special education s...

A reevaluation is needed to determine if CHLD continues to be a student with a disability and continues to need s...

The school has sufficient existing data regarding to determine if CHLD continues to be a student with a disabilit...

As CHLD will be turning seven years old and will no longer be eligible for Early Childhood Special Education serv...

4. Ot **System**

--About this Drop Down--

--Clear--

### 3. Sources of Information

Sources of Information	---Select or Type Below---
	---Select or Type Below---
<b>4. Other Options Considered</b>	<b>SpEd Forms Options</b>
---Select or Type Below---	Review of pre-referral interventions
	Review of CHLD's school records (grades, attendance, etc.)
	Review of classroom performance and work
	Review group achievement test results
	Teacher input
<b>5. Other Relevant Factors</b>	Parent input
---Select or Type Below---	Classroom observation
	Curriculum-based measurement of learning progress
	CHLD's progress on current IEP goals and objectives
	<b>System</b>
	--About this Drop Down--
	--Clear--

**For a proposed initial evaluation:**

**For a proposed initial evaluation:**



#### 4. Other Options Considered

---Select or Type Below---

---Select or Type Below---

##### My Custom Options

---Edit My Custom Options---

5.

##### District/Coop Options

The team considered testing in the area of \_\_\_\_\_, but felt \_\_\_\_\_.

##### SpEd Forms Options

---INITIAL EVALUATION---

The team considered implementing additional pre-referral interventions, but determined evaluation data was needed...

For a The team considered implementing additional pre-referral interventions, but determined that CHLD's behaviors made...

The team considered not evaluating CHLD, but rejected that option as assessment data is needed to determine CHLD'...

---REEVALUATION---

The team considered using existing information, but determined that current assessment data was needed to determi...

The team considered gathering new test data, but determined there was sufficient existing information to determin...

For a The team considered administering a cognitive assessment, but determined that prior cognitive assessments yielded...

The team considered testing in the area of language, but felt CHLD has average abilities in following directions ...

##### System

--About this Drop Down--

--Clear--

#### 5. Other Relevant Factors

---Select or Type Below---

---Select or Type Below---

##### SpEd Forms Options

No other concerns were identified by the Team.

For a CHLD has attended several different schools and has been exposed to several different curriculums, which has resu...

CHLD has had excessive absenteeism which has resulted in a pattern of inconsistent education.

• CHLD is an English Learner who has not yet developed the skills necessary to succeed within an English language b...

##### System

• --About this Drop Down--

--Clear--

### Your Rights

#### For a proposed initial evaluation:

- The school will not proceed with the initial evaluation proposed in this notice without first receiving your written consent.
- If you provide written refusal to an initial evaluation, the school may not override your decision.

#### For a proposed reevaluation:

- Unless you provide a written objection within 14 calendar days from the date the school sent you this notice, the school will move forward with the proposed reevaluation.

#### What happens if I object to the proposed evaluation/reevaluation:

- The school must offer a conciliation conference within 10 calendar days from the date the school receives your objection to the proposed evaluation/reevaluation. You may also request a conciliation conference (see definition below).
- If you prefer, you may request mediation or a facilitated team meeting to resolve disagreements.
- You or the school may request a due process hearing in order to resolve disagreements.

#### Procedural Safeguards:

You are protected under the procedural safeguards of the Individuals with Disabilities Education Act (IDEA) (see definition below). You can get a copy of these safeguards by contacting

Shannon Proulx

Name

Technology Coordinator

Position

218-655-5018

Telephone



☐ Procedural safeguards offered to parents by  (Initials) on  MM/DD/YY

#### Other Resources:

If you would like help in understanding what this prior written notice means, you can contact:

- PACER Center at: 952-838-9000, or [www.pacer.org](http://www.pacer.org)
- ARC of Minnesota at: 651-523-0823, or [www.thearcofminnesota.org](http://www.thearcofminnesota.org)

**Parental Consent/Objection**

Login: 119 minutes

Student: Donald Duck  
Exclusive Rights: 59 minutes

You currently have [Exclusive Rights](#) to this page. They expire at 03/16/2019 6:33:03 pm.  
This form is finalized automatically when a Prior Written Notice is finalized.

Student: Donald Duck ID: 9999999990002 Date: \_\_\_\_\_  
School: Cloquet Area Alternative Education Programs Grade: 03 DOB: 11/16/2008

Dear **Donald Duck Senior and Mrs. Duck:**

The school seeks your consent or objection before moving ahead with the proposed actions as stated in the enclosed Prior Written Notice dated .

1: Actions Proposed:

2: Check the box to indicate your consent or objection to the proposed action:

- ☐ **Consent:** I agree with the proposed actions.  
☐ **Objection:** I do not agree with the proposed action(s).

**Optional:** If you checked the "objection" box, briefly explain your reason(s) for the objection:

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*Please note:*

- The school cannot carry out an initial evaluation or initial provision of special education services without your written consent.
- For other proposed actions, the school will carry out the proposed actions in the Prior Written Notice if you do not object in writing within 14 calendar days. ()
- If you object to the proposed actions, the school must offer a conciliation conference. If you prefer, you may request mediation or a facilitated team meeting to resolve disagreements. You or the school may request a due process hearing in order to resolve the disagreements.

**Sign, date and return this form.**

You currently have [Exclusive Rights](#) to this page. They expire at 03/16/2019 6:39:03 pm.

**Errors preventing finalization**

The form date must be entered before you can finalize this form.

Student: Donald DuckID: 9999999990002Date: School: Cloquet Area Alternative Education Programs Grade: 03DOB: 11/16/2008

You are receiving this notice because the school is proposing or refusing actions regarding your child's identification, evaluation, educational placement or free appropriate public education (FAPE).

NOTE TO TEACHER: Drop downs are beginning statements that must be individualized.

**1. Actions Proposed or Refused****2. Explanation (Why)****3. Sources of Information****4. Other Options Considered****5. Other Relevant Factors****Your Rights**

For a proposed initial Individual Education Program (IEP):



You currently have [Exclusive Rights](#) to this page. They expire at 03/16/2019 6:36:03 pm.  
This form is finalized automatically when a Prior Written Notice is finalized.

Student	<u>Donald Duck</u>	ID	<u>9999999990002</u>	Date	
School:	<u>Cloquet Area Alternative Education Programs</u>	Grade:	<u>03</u>	DOB	<u>11/16/2008</u>

Dear **Donald Duck Senior and Mrs. Duck:**

The school seeks your consent or objection before moving ahead with the proposed actions as stated in the enclosed Prior Written Notice dated .

1: Actions Proposed:

2: Check the box to indicate your consent or objection to the proposed action:

- ☐ **Consent:** I agree with the proposed actions.  
☐ **Objection:** I do not agree with the proposed action(s).

**Optional:** If you checked the "objection" box, briefly explain your reason(s) for the objection:

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*Please note:*

- The school cannot carry out an initial evaluation or initial provision of special education services without your written consent.
- For other proposed actions, the school will carry out the proposed actions in the Prior Written Notice if you do not object in writing within 14 calendar days. ()
- If you object to the proposed actions, the school must offer a conciliation conference. If you prefer, you may request mediation or a facilitated team meeting to resolve disagreements. You or the school may request a due process hearing in order to resolve the disagreements.

**Sign, date and return this form.**

#### 1. Actions Proposed or Refused

---Select Option---	
---Select Option---	
<b>SpEd Forms Options</b>	
2.	---IEP--- The District proposes to implement the enclosed initial Individualized Education Program (IEP) plan to provide Do... The District proposes to implement the enclosed interim Individualized Education Program (IEP) plan to provide Do... The District proposes to continue providing special education services to Donald as described in the enclosed Ind... The District refuses to amend the IEP as requested by the parent.
3.	---EVALUATION/REEVALUATION--- The District proposes to conduct an initial evaluation to determine Donald's present levels of educational perfor... The District proposes to conduct an initial evaluation to determine Donald's present levels of educational perfor... The District proposes to conduct a reevaluation to determine Donald's present levels of educational performance a... The District proposes to conduct a reevaluation to determine Donald's present levels of educational performance, ...
4.	The District refuses to conduct an initial evaluation as requested by the parent. The District refuses to conduct a reevaluation as requested by the parent. The District refuses to authorize an Independent Educational Evaluation at District expense as requested by the p...
---DISMISSED FROM SPECIAL EDUCATION---	
5.	The District proposes discontinuing special education services on _____. The District proposes to discontinue special education services at the end of the current school year. ---DID NOT QUALIFY--- The District will not provide special education and related services to Donald.

In SpEd Forms ER Templates: Summary, Spec Ed Needs, Adaptations/Modifications and Eligibility will be at the top (#2 - #6).

Sample ASD SpEd Forms Template below:

Evaluation Report				Student
Login: 118 minutes				
	1	<a href="#">Reason for Evaluation</a>	<input type="checkbox"/>	Delete
	2	<a href="#">Summary</a>	<input type="checkbox"/>	Delete
	3	<a href="#">Special Education Needs and Adaptations (header only)</a>	<input type="checkbox"/>	Delete
	4	<a href="#">-Special Education Needs That Derive From The Disability</a>	<input type="checkbox"/>	Delete
	5	<a href="#">-Adaptations/Modifications</a>	<input type="checkbox"/>	Delete
	6	<a href="#">Eligibility Determination</a>	<input type="checkbox"/>	Delete
	7	<a href="#">Present Levels of Academic Achievement and Functional Performance (header only)</a>	<input type="checkbox"/>	Delete
	8	<a href="#">Background Information</a>	<input type="checkbox"/>	Delete
	9	<a href="#">Information, Strengths and Concerns Reported by Parent(s)</a>	<input type="checkbox"/>	Delete
	10	<a href="#">Educationally Relevant Medical Information</a>	<input type="checkbox"/>	Delete
	11	<a href="#">Special Considerations</a>	<input type="checkbox"/>	Delete
	12	<a href="#">-Intellectual Functioning</a>	<input type="checkbox"/>	Delete
	13	<a href="#">-Academic Performance</a>	<input type="checkbox"/>	Delete
	14	<a href="#">-Communication</a>	<input type="checkbox"/>	Delete
	15	<a href="#">-Motor Ability</a>	<input type="checkbox"/>	Delete
	16	<a href="#">-Sensory Status</a>	<input type="checkbox"/>	Delete
	17	<a href="#">-Health/Physical Status</a>	<input type="checkbox"/>	Delete
	18	<a href="#">-Social/Emotional/Behavioral</a>	<input type="checkbox"/>	Delete
	19	<a href="#">-Sensory Processing</a>	<input type="checkbox"/>	Delete
	20	<a href="#">-Functional/Adaptive Behavior</a>	<input type="checkbox"/>	Delete
	21	<a href="#">-Autism Checklists</a>	<input type="checkbox"/>	Delete
	22	<a href="#">-Observations</a>	<input type="checkbox"/>	Delete
	23	<a href="#">-Secondary Transition</a>	<input type="checkbox"/>	Delete
		<a href="#">Primary disability and team membership</a>		