SANTA CLARA COUNTY
PRIOR WRITTEN NOTICE

Date _____ / _____ / _____

Provided to parent prior to district initiation or refusal regarding change of identification, evaluation, educational placement, or provision of free appropriate public education

Student Name: _____ _____ _____ _____ / _____ / _____
First Middle Last D.O.B.

This notice is to inform the parent(s) of the above named student regarding the school district's:

☐ Proposal to initiate or change the:

☐ Identification ☐ Evaluation ☐ Educational Placement ☐ Provision of a free appropriate public education to your child

This notice includes a description of the proposed action, an explanation of why the district proposed to take this action, a description of any other options that were considered and the reasons why those options were rejected, and other factors that are relevant in this proposal. Your written permission must be given before we assess your child to determine eligibility. You have the right to be familiar with the assessment procedures and type of tests that may be given to your child. After the assessment is completed, you will be notified in writing of a meeting to discuss the results of the evaluation.

☐ Refusal of your request to initiate or change the

☐ Identification ☐ Educational Placement ☐ The provision of a free appropriate public education to your child

This notice includes a description of action being refused, an explanation of why the district refused to take this action, a description of any other options that were considered and the reasons why those options were rejected, and other factors that are relevant to this refusal.

Description of proposed or refused action:
Reason(s) for proposed or refused action:
Description of evaluation procedures, tests, records, or reports used in deciding to propose or refuse this action:
Description of other options considered and reasons for rejecting them:
Other factors relevant to the proposal or refusal:

You have protection under the procedural safeguards of Part B of the IDEA. If you would like a copy of the Procedural Safeguards please contact the district and a copy will be sent to you. If you would like further information about your rights or the proposed action and/or referral please contact:

_____ _____ _____ _____
Print Name and District Contact | Position | Phone | E-mail Address