

SEDGWICK COUNTY AREA EDUCATIONAL SERVICES INTERLOCAL COOPERATIVE #618

PRIOR WRITTEN NOTICE FOR IDENTIFICATION, SPECIAL EDUCATION AND RELATED SERVICES, EDUCATIONAL PLACEMENT, CHANGE IN SERVICES, CHANGE IN PLACEMENT, AND REQUEST FOR CONSENT

To: _____
(Parent/Legal Educational Decision Maker)

DATE: _____

Address: _____

City/St./Zip: _____

Delivered By	Delivered To	Method*	Date
1 st Attempt			
2 nd Attempt			
3 rd Attempt			

*Methods include: Mailed, Hand Delivered, E-mailed, etc.

On behalf of Student: _____ D.O.B.: _____

On *(date of the meeting)*, we met to review the evaluation/assessment data on your child, including any evaluations or information you provided, current classroom-based assessments and observations, and teacher or other staff observations to determine, with your input:

- Whether your child was eligible for special education *(should be checked ONLY for initial or re-evaluation when section A and/or B is marked)*
- Special Education and Related Services needed by your child *(should always be checked when C is discussed/decided at the meeting)*
- The appropriate educational placement to provide special education and related services identified in your child's Individualized Education Program (IEP) *(should always be checked when D is discussed/decided at the meeting)*
- Any additions, changes or modifications to the special education and related services or educational placement that are needed to enable your child to meet the measurable annual goals set in the IEP and to participate, as appropriate, in the general curriculum. *(should always be checked when C, D, and/or E is discussed/decided at the meeting)*

To the maximum extent appropriate, your child is to be educated with other children in the general education classroom. Your child shall be removed from the general educational environment only when the nature or severity of his/her needs are such that education in general education classes, with support services, cannot be achieved satisfactorily. If services are not to be provided in the general education classroom, the reasons for that are given below, along with the results of our meeting.

A. IDENTIFICATION/ELIGIBILITY (Parental Consent Not Required) DO NOT MARK
This section should only be completed if it is an initial evaluation or a reevaluation, in which case the Psychologist or SLP will be completing this form.

YOUR CHILD IS ELIGIBLE FOR SPECIAL EDUCATION

- 1) Your child meets the criteria as a child with an exceptionality. (Specify Exceptionality) _____
and
- 2) Special education services are necessary to enable your child to receive educational benefits in accordance with his/her abilities or capacities.

YOUR CHILD IS NOT ELIGIBLE FOR SPECIAL EDUCATION

- 3) Your child does not meet the criteria as a child with an exceptionality.
or
- 4) Special education services are not necessary to enable your child to receive educational benefits in accordance with his/her abilities or capacities.

B. INITIAL SERVICES AND PLACEMENT (Parental Consent Required) DO NOT MARK
This section should only be MARKED if it is an initial evaluation, in which case the psychologist/speech pathologist will be completing this form

As explained below, an Individualized Education Program (IEP) proposing appropriate Special Education and related services and an appropriate instructional environment for delivering special education and related services was written for your child.

C. CHANGE IN SERVICES (marked any time a change and/or a material change in service is proposed)

1) **CHANGE IN SERVICES (Parental Consent Not Required)** As explained below, we are proposing a change (not a material change) of a special education service, a related service, or a supplementary aid or service specified on your child's IEP.
*(This would be less than 25% change in each or any service)
 Section C1 will only be checked if there is a minor change in services proposed.
 For example: Speech services will increase from 40 minutes to 45 minutes two days per week.*

2) **MATERIAL CHANGE IN SERVICES (Parental Consent Required)** As explained below, we are proposing a change that results in a decrease or increase of 25% or more of the duration or frequency of a special education service, a related service, or supplementary aid or a service specified on your child's IEP.

*Section C2 will only be checked if there is a major change in any one (or more) service(s)—adding an entire service, deleting an entire service, or 25% change (more or less) in the duration or frequency of a service.
 To determine if it is a material change in service, the following formula may be helpful (You must determine this percentage for each special education service, each related service, each modification, each supplemental aid or service (including each accommodation), and/or each support for school personnel to determine whether it is a Material Change in a service):*

1. The student's SPED service is _____ (time)
2. 25% of that SPED service is _____ (time)
3. Proposed change in service is an increase or decrease of 25% or more of that individual SPED service time

Examples: Special education services for math will be increased from 2 days per week to 5 days per week, or Physical Therapy services are no longer needed - from 20 minutes a week to no services

D. CHANGE IN PLACEMENT *(marked any time a change and/or a substantial change in placement is proposed)*

1) CHANGE IN PLACEMENT (Parental Consent Not Required) As explained below, we are proposing a change (not a substantial change) in placement from a less restrictive environment to a more restrictive environment, or from a more restrictive environment to a less restrictive environment.

(This would be less than 25% change in placement of a student's total school day)

Section D1 will only be checked and an explanation provided if a minor change from special education pullout services (special education services in a special education classroom) to inclusion support services (special education services in a general education classroom), or vice versa, are proposed. Could also include other placement option changes (i.e. special day school to general ed building for less than 25% of the day; Homework completion assistance for 10 minutes at the end of the school day that will change placement from the special education classroom to the general education classroom with special education support, etc.)

2) SUBSTANTIAL CHANGE IN PLACEMENT (Parental Consent Required) As explained below, we are proposing a change in placement that results in the movement of more than 25% of your child's school day from a less restrictive environment to a more restrictive environment, or from a more restrictive environment to a less restrictive environment.

Section D2 will only be checked and an explanation provided if a substantial change in placement is proposed.

To determine if it is a substantial change in placement, the following formula may be helpful:

1. The student's school day is _____ (time)
2. 25% of the school day is _____ (time)
3. Proposed change (to less or more restrictive environment) is more than 25% of the student's school day.

For example: The school day is 300 minutes. The student currently receives inclusion services 160 minutes a day total (for math and English) and now needs both math and English (160 minutes) to be delivered in a special education classroom. 25% of the school day (300 minutes) is 75 minutes. The proposed placement change of 160 minutes is greater than 75 minutes, which is more than 25% of the student's school day, and therefore, is a substantial change in placement.

E. OTHER CHANGES TO IEP, NOT INVOLVING SERVICES OR PLACEMENT (Parental Consent Not Required)

Marked any time proposed changes do not involve services or placement, such as changing goals, present levels, and transition plans.

F. THE COOPERATIVE (LEA) REFUSES TO INITIATE OR CHANGE THE IDENTIFICATION, EDUCATIONAL PLACEMENT, OR PROVISION OF SPECIAL EDUCATION AND RELATED SERVICES AS EXPLAINED BELOW. (Parental Consent Not Required)

DO NOT MARK THIS BOX *This box is used by Psychologists and SLPs when a student referred for an initial evaluation is **not eligible for services**, or under direction of Coop Administration*

1. A DESCRIPTION OF THE ACTION PROPOSED OR REFUSED:

Parental Consent Required items (B., C.2., and/or D.2.):

(B.) This statement should reflect initial services and placement to an initial IEP and should only be written by the psychologist/speech pathologist. This is the statement that is most critical on the ESC 99 and should exactly match the Services sections and the Anticipated Services Chart on Initial Placements. It should be written in the following format:

Examples:

“(Student) should receive special education services in a special education classroom for (subject(s)) and in a general education classroom for (subject(s)) for the same class period as his/her general education peers, for the duration of the IEP. (Student) should receive (related service) for (minutes) per (day/week/month) in a (general/special) education classroom for the duration of the IEP.”

If the student takes a class that is not offered in regular education such as learning strategies or study skills, state the number of class periods for that service (ex: Study skills for one class period 3 days per week). If the student receives services for only a portion of a class period, the minutes must be specified.

For these initial services/placements, the easiest way to complete this section is to copy and paste the services sections on the IEP directly to the ESC 99.

(C.2. and/or D.2.) This statement should clearly reflect material changes in services and/or substantial changes in placement that were proposed to the continuing IEP (student)

Examples:

*(C.2.) The team added new social work services to the IEP.
“(Student) should receive social work services for 20 minutes twice a week in a special education classroom.”*

*(D.2.) The student's placement changed (substantially) from special education to a general education class.
“(Student's) placement changed from a special education classroom. (Student) should receive special education services in a general education classroom for 180 minutes a day to address needs in reading, language arts and math.”*

DO NOT list all other services, placement or other areas of the IEP that will continue without changes. It will not exactly match the Services sections.

Parental Consent Not Required items (A., C.1, D.1., E. and/or F.):

(A.) This statement should reflect identification and eligibility and should only be completed by the psychologist/speech pathologist.

(C.1., D.1., and/or E.) The statement should clearly reflect the changes in services (not material), placement (not substantial), or other areas on the IEP that were proposed. DO NOT list all other services, placement, or other areas on the IEP that will continue without changes. It will not exactly match the Services sections, as only proposed changes will be included here.

Examples:

(C.1.) Speech services will increase from 40 minutes to 45 minutes two days per week:

*“(Student)'s speech services will increase from 40 to 45 minutes, two days per week in a special education classroom.”
Or,*

“(Student)'s speech services will increase 5 minutes, two days per week in a special education classroom.”

(D.1.) Homework completion assistance for 10 minutes at the end of the school day that will change placement from the special education classroom to the general education classroom with special education support, etc.):

“(Student)'s will receive special ed support for homework completion 10 minutes per day in the general education classroom.”

(E.) This was an annual or amendment meeting in which proposed changes to the present levels and goals only.

“This was (Student's) annual IEP meeting. Present levels and goals 1 and 2 were updated to reflect current educational need in reading and written language skills.”

2. EXPLANATION OF WHY THE ACTION IS PROPOSED OR REFUSED:

Examples:

“Student continues to qualify for, and require these services to make adequate gains in her education.”

“The Team agrees that these services best address his educational needs.”

“The services outlined target the educational need demonstrated by the student.”

“The services proposed will allow the student to continue to make educational progress.”

3. OPTIONS CONSIDERED AND WHY THE OPTIONS WERE REJECTED:

Examples:

“Less special education services were considered but were rejected as this would not be enough support to meet identified student needs.”

“More time in the resource room was rejected as (student)'s needs could be met in a less restrictive environment.”

“Dismissal from services was rejected as this would not be enough support to meet identified student needs.”

4. DESCRIPTION OF THE DATA USED AS BASIS FOR THE PROPOSED OR REFUSED ACTION (Including each evaluation procedure, assessment, record or report used as a basis for the proposed or refused action):

Examples: Progress reports, previous cognitive and/or academic assessment, related services provider reports, teacher assessments (formal/informal), grades, administrative reports, behavioral records, record review, social/emotional assessments, student performance, parent input, teacher observation, team discussion, etc.

5. OTHER FACTORS RELEVANT TO THE PROPOSAL OR REFUSAL (e.g. LRE, harmful effects):

This section requires a statement of the possible harmful effects of the program proposed (academic, social/emotional, etc. to student or others) and why/how they can be addressed.

Example:

“The possible harmful effects of missing academic instruction in the general education classroom is outweighed by the potential for additional academic growth with the program as proposed.”

ADDITIONAL INFORMATION

You may contact any of the following resources to help you understand the federal and state laws for educating children with exceptionalities and parental rights (procedural safeguards) granted by those laws: Kansas State Dept. of Education 1-800-203-9462; Families Together, Inc. 1-800-264-6343; Disability Rights Center of Kansas (DRC) 1-877-776-1541; and Keys for Networking 1-785-233-8732.

PROCEDURAL SAFEGUARDS TO PROTECT PARENTS' RIGHTS

Both state and federal laws concerning the education of children with exceptionalities include many parental rights. Receiving notices of action the school wants to take in regard to your child and being a part of your child's educational planning team are examples of the rights these laws give you. These laws also require that the school follow certain procedures to make sure you know your rights and have an opportunity to exercise those rights. The school is required to give you a copy of the rights of a parent at least one time each school year. To receive an additional copy of your rights and the procedural safeguards available to you, and if you have any questions regarding your rights, you may contact the special education director of the school or special education cooperative or the school representative listed below:

_____ at _____ or _____
(School/Contact Person) (Address) (Phone)

REQUEST FOR CONSENT FOR SPECIAL EDUCATION ACTION

(If Required)

We ask that you give us consent to carry out the special education action as indicated. Any disagreement we have regarding any of the above matters may be resolved by our mutual agreement, through mediation or through due process proceedings. An explanation of mediation and due process proceedings is provided upon request.

The proposed action(s) will begin within 10 school days (unless there is a reasonable justification for delay) upon receiving your written consent. If you have any questions regarding this notice, you may contact the following school representative:

_____ at _____ or _____
(School/Contact Person) (Address) (Phone)

If you wish to consent to the special education actions specified in this notice, please sign and date this form (below) and return it to the school representative indicated above.

CONSENT

I **give consent** for the special education placement and services action(s) in this notice for my child. I understand this consent is voluntary and may be revoked at any time, but that revocation does not negate an action that occurs after consent is given and before consent is revoked. I also understand that I may revoke my consent for a particular service or placement only if the IEP team certifies in writing that the particular services or placement is not necessary for this student to receive a free appropriate public education. I have been provided a copy of my parental rights (procedural safeguards).

(Parent/Legal Education Decision Maker)

Date: _____

(Parent/Legal Education Decision Maker)

Date: _____

DO NOT GIVE CONSENT

I **do not give** consent for the special education placement and services action(s) in this notice for my child. I have been provided a copy of my parental rights (procedural safeguards).

(Parent/Legal Education Decision Maker)

Date: _____

(Parent/Legal Education Decision Maker)

Date: _____