

Yazoo County School District

Prior Written Notice

Yazoo County School District
 94 Panther Drive
 Yazoo City, MS 39194

Teacher/SLP: _____
 Email: _____

To: _____

Date: _____

Public agencies are required to provide written notice to the parent when they propose or refuse to initiate or change the identification, evaluation, or educational placement of a child or propose or refuse to initiate or change the services and supports provided to a child which constitute a Free Appropriate Public Education (FAPE). This letter is your notice of the following action proposed or refused regarding your child, _____:

REQUEST

On _____, _____ proposed the following action as outlined below:

ACTION PROPOSED

- Conduct an initial comprehensive evaluation of your child.
- Conduct a reevaluation of your child.
- Determine your child's eligibility status and disability category.
- Change your child's eligibility status or disability category based on a comprehensive reevaluation.
- Exit your child from special education.
- Begin new special education and/or related services.
- Develop an Individualized Education Program for your child.
- Change your child's IEP and/or special education and/or related services (e.g., annual goals, participation in State-wide assessments, supplementary aids and services, or supports to school personnel).
- Provide Extended School Year (ESY) services
- Change your child's educational placement.
- Remove your child for disciplinary reasons which results in a change in placement (e.g., a removal for more than 10 days during a school year or removal to an Interim Alternative Educational Setting).
- Other: _____

Describe the specific action proposed:

This action will go into effect:

- after receiving your informed written consent on the parental consent form enclosed. (*for evaluations*)
- on _____.(date of implementation or implementation of change)

ACTION REFUSED

- Conduct an initial comprehensive evaluation of your child.
- Conduct a reevaluation of your child.
- Change your child's eligibility status or disability category based on a comprehensive reevaluation.
- Change your child's IEP and/or special education and/or related services (e.g., annual goals, participation in State-wide assessments, supplementary aids and services, or supports to school personnel).
- Provide Extended School Year (ESY) services
- Change your child's educational placement.
- Other: _____

Describe the specific action refused:

Yazoo County School District

REASON / JUSTIFICATION

Provide the reason or justification for taking the proposed action(s) or for refusing to take an action(s) requested.

Describe other options that were considered and rejected.

Describe the evaluations, tests, records, or reports that were used as the basis for the action(s) proposed or refused.

Describe any other relevant factors to this situation.

You and your child have protections under both the Individuals with Disabilities Education Act (IDEA) and State Board of Education Policy 7219. If you are a parent of a child with a disability, at least once per year you will be provided a copy of the Procedural Safeguards Notice which describes the rights of you and your child. If you have any questions about your rights and would like assistance in understanding your rights, you may contact me or any of the following:

Mississippi Dept. of Education

Post Office Box 771
Jackson, MS 39205-0771
Phone: (601) 359-3498
Fax: (601) 359-1829

Toll Free Parent Hotline

1-877-544-0408

Disability Rights Mississippi

210 E. Capitol Street Suite 600
Jackson, Mississippi 39201
Phone: (601) 968-0600
Fax: (601) 968-0665

Toll Free Number

1-800-772-4057

MS Parent Training & Information Center

2 Old River Place, Ste. M
Jackson, MS 39202
Phone: (601) 969-0601
Fax: (601) 709-0250

Toll Free Number

1-800-721-7255

Please contact me if you have any questions regarding this information.

Sincerely,

Name & Role of Contact Person

Enclosures: []

Seven Day Notice/Waiver

- I understand that I have 7 days to consider the committee's decision, but I would like to waive the 7 day waiting period so that the committee's action or refusal may begin on _____.
- I understand that I have 7 days to consider the committee's decision as described above. I do not waive the 7 day waiting period so the action or refusal may not begin until after 7 days.

Parent's signature:

Date: