

**Harvey County Special Education Cooperative**  
**308 East 1<sup>st</sup> Street**  
**Newton, KS 67114-3846**

**Prior Written Notice For**

- A. Identification**
- B. Special Education and Related Services**
- C. Educational Placement**

- D. Change of Services**
- E. Change in Placement,  
and Request for Consent**

To \_\_\_\_\_  
(Parent/Legal Educational Decision Maker)

Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_

On behalf of \_\_\_\_\_  
(Student's Name)

Date of birth \_\_\_\_\_

On \_\_\_\_\_, 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
- Special education and related services needed by your child
- The appropriate educational placement to provide special education and related services identified in your child's Individual Education Program (IEP)
- 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.

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)**

**YOUR CHILD IS ELIGIBLE FOR SPECIAL EDUCATION**

- Your child meets the criteria as a child with an exceptionality  
**and**
- Special education services are necessary to enable your child to receive educational benefits in accordance with his/her abilities or capabilities.

**YOUR CHILD IS NOT ELIGIBLE FOR SPECIAL EDUCATION**

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

**B. SPECIAL EDUCATION & RELATED SERVICES (Parental Consent Required)**

As explained below, an Individual Education Program (IEP) proposing appropriate Special Education and related services was written for your child.

**C. EDUCATIONAL PLACEMENT (Parental Consent Required)**

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

**D. CHANGE IN SERVICES (Parental Consent Required)**

As explained below, we are proposing a change in the duration or frequency of a special education service, a related service, or a supplementary aid or a service specified on your child's IEP.

**E. CHANGE IN PLACEMENT (Parental Consent Required)**

As explained below, we are proposing a change in placement that results in the movement from a less restrictive environment to a more restrictive environment, or from a more restrictive environment to a less restrictive environment.

**EXPLANATION:**

**1) A DESCRIPTION OF THE ACTION PROPOSED OR REFUSED:**

**2) AN EXPLANATION OF WHY THE ACTION IS PROPOSED OR REFUSED:**

**3) OPTIONS CONSIDERED AND WHY THE OPTIONS WERE REJECTED:**

**4) DESCRIPTION OF THE DATA USED AS THE BASIS FOR THE PROPOSED ACTION:**

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

**PROCEDURAL SAFEGUARDS TO PROTECT PARENT’S 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.

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:

\_\_\_\_\_ (School Contact)

\_\_\_\_\_ (Phone Number)

**ADDITIONAL INFORMATION**

You may contact any of the following IDEA 97 funded 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 800-203-9462

Families Together, Inc. 800-264-6343

Kansas Advocacy and Protective Services for the Developmentally Disabled, Inc. 877-776-1541 (Voice/TDD)

Other Local Resources:

Director of Special Education, Harvey County Special Education Cooperative, 316-284-6580

**ACKNOWLEDGMENT**

I have been fully informed of all information relevant to the proposed actions specified for my child in this notice. I understand the actions proposed. I understand my parental rights (procedural safeguards). In the case of an initial evaluation or reevaluation, I have received a copy of my child’s evaluation report.

\_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Legal Education Decision Maker)

\_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Legal Education Decision Maker)

**CONSENT FOR PROPOSED ACTION**

If the above statements are correct, we ask that you give us consent to carry out the proposed 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 permission. If you have any questions regarding this notice, you may contact the following school representative or **sign and date this form and return it to:**

\_\_\_\_\_ at \_\_\_\_\_ or \_\_\_\_\_  
(School Contact Person) (Address) (Phone)

***GIVE CONSENT***

- I give consent for the proposed action in this notice for my child.**  
**I understand this consent is voluntary and may be revoked at any time.**

\_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Legal Education Decision Maker)

\_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Legal Education Decision Maker)

***DO NOT GIVE CONSENT***

- I do not give consent for the proposed action in this notice for my child.**

\_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Legal Education Decision Maker)

\_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Legal Education Decision Maker)

**REASON(S) FOR NOT GIVING CONSENT FOR THE PROPOSED ACTION(S):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_