

# NOTICE OF PROPOSAL OR REFUSAL TO TAKE ACTION

The IEP Team has met to consider the following, regarding the educational program for:

STUDENT'S NAME: \_\_\_\_\_

- Identification                       Evaluation                       Placement                       Other  
 LEA Response to DPH Request     Provision of Free Appropriate Public Education     Other

## DECISION REGARDING SPECIFIC ACTION PROPOSED OR REFUSED.

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

**It has been decided that action will be taken by the local education agency.**

Check one:

- The local education agency will take the proposed action immediately and without undue delay.  
 The local education agency's proposed action will be taken in \_\_\_\_\_ calendar days to afford the parent a reasonable period of time to consider the proposed action.

## BASIS FOR DECISION(S)

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

## DESCRIPTION OF OTHER OPTIONS CONSIDERED AND WHY THE OPTIONS WERE REJECTED

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

## THE FOLLOWING EVALUATION PROCEDURES, ASSESSMENTS, RECORDS, AND/OR REPORTS WERE USED IN MAKING THE DECISION

- |                                       |                                      |   |   |
|---------------------------------------|--------------------------------------|---|---|
| <input type="checkbox"/> Vision       | <input type="checkbox"/> Observation | <input type="checkbox"/> Grades               | <input type="checkbox"/> Medical Records          |
| <input type="checkbox"/> Hearing      | <input type="checkbox"/> Speech      | <input type="checkbox"/> Developmental Scales | <input type="checkbox"/> Other Agency Information |
| <input type="checkbox"/> Intellectual | <input type="checkbox"/> Language    | <input type="checkbox"/> Work Samples         | <input type="checkbox"/> State Assessments        |
| <input type="checkbox"/> Achievement  | <input type="checkbox"/> Motor       | <input type="checkbox"/> Discipline Records   | <input type="checkbox"/> Other _____              |
| <input type="checkbox"/> Behavior     | <input type="checkbox"/> Interview   | <input type="checkbox"/> Attendance Reports   | <input type="checkbox"/> Other _____              |

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\_\_\_\_\_ at \_\_\_\_\_  
(Name) (Telephone)

\_\_\_\_\_  
Signature of Education Agency Official

Date Provided/Sent: \_\_\_\_\_