

**SCHOOL LETTERHEAD**

**ADDRESS**  
**CITY, STATE, AND ZIP**

**PHONE:** (    )    -  
**FAX:** (    )    -

## PRIOR WRITTEN NOTICE OF PROPOSED ACTIONS

Student Name: \_\_\_\_\_  
 Student #: \_\_\_\_\_ School: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Federal and State Legislation require that the public agency notify the parent/guardian within a reasonable amount of time before actions occur that would initiate or change the identification, the evaluation, the educational placement or the provision of a free appropriate public education for this student. If the student is under 18 the parent/guardian is provided a copy of this notice. If the student is 18 years of age or over and does not have a legal guardian, it is his/her right to accept or refuse these proposed actions.

The following data were reviewed:

- |  |  |
|--|--|
| <input type="checkbox"/> Student input<br><input type="checkbox"/> Parent input<br><input type="checkbox"/> Teacher input<br><input type="checkbox"/> Classroom performance<br><input type="checkbox"/> Classroom observation<br><input type="checkbox"/> School records<br><input type="checkbox"/> Developmental screening<br><input type="checkbox"/> Achievement test: (name/date) _____<br><input type="checkbox"/> Speech/Language evaluation: (name/date) _____<br><input type="checkbox"/> Occupational therapy evaluation: (name/date) _____<br><input type="checkbox"/> Physical therapy evaluation: (name/date) _____<br><input type="checkbox"/> Psychological evaluation: (name/date) _____<br><input type="checkbox"/> Intellectual assessment: (name/date) _____<br><input type="checkbox"/> Medical information: _____<br><input type="checkbox"/> Other: _____<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> Developmental case history<br><input type="checkbox"/> Hearing screening: (date) _____<br><input type="checkbox"/> Vision screening: (date) _____<br><input type="checkbox"/> Previous IEP/evaluation: (date) _____<br><input type="checkbox"/> Language dominance<br><input type="checkbox"/> Functional vision evaluation<br><input type="checkbox"/> Counseling evaluation |
|--|--|

The following proposals were made by the **public agency** and/or the **parent(s)/guardian(s)**.

All Items Proposed All Options Considered	Proposed By	Accept (√)	Reject (√)	Reason For Acceptance or Rejection (Must include a description of each evaluation procedure, assessment, record, or report used as a basis for the proposed or refused action.)

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_ School: \_\_\_\_\_

**PRIOR WRITTEN NOTICE OF PROPOSED ACTIONS (continued)**

All Items Proposed All Options Considered	Proposed By	Accept (√)	Reject (√)	Reason For Acceptance or Rejection (Must include a description of each evaluation procedure, assessment, record, or report used as a basis for the proposed or refused action.)

**If you do not understand the content of this Prior Written Notice or have questions, please contact:**

\_\_\_\_\_ at \_\_\_\_\_  
(Phone)