

Date Sent/Given: _____



PRIOR WRITTEN NOTICE OF DECISION IN REGARDS TO IDENTIFICATION, EVALUATION, PLACEMENT OR FREE APPROPRIATE PUBLIC EDUCATION

Student _____ School/District _____ ARD Date _____

Decision Accept Refuse <input type="checkbox"/> <input type="checkbox"/> Full Individual Evaluation <input type="checkbox"/> <input type="checkbox"/> Request to change eligibility <input type="checkbox"/> <input type="checkbox"/> Establish eligibility for SE Services <input type="checkbox"/> <input type="checkbox"/> Continue Special Education Services <input type="checkbox"/> <input type="checkbox"/> Change of Placement <input type="checkbox"/> <input type="checkbox"/> Request for additional evaluation <input type="checkbox"/> <input type="checkbox"/> Request for provide/change instructional setting <input type="checkbox"/> <input type="checkbox"/> Request to provide/change related service(s) <input type="checkbox"/> <input type="checkbox"/> Implement proposed goals and objectives <input type="checkbox"/> <input type="checkbox"/> Redirect to RTI process <input type="checkbox"/> <input type="checkbox"/> Discipline is _____ <input type="checkbox"/> <input type="checkbox"/> Proposed schedule for next year <input type="checkbox"/> <input type="checkbox"/> Graduation Plan <input type="checkbox"/> <input type="checkbox"/> Transition <input type="checkbox"/> <input type="checkbox"/> Need for further evaluation	Why Decision was made Accept Refuse <input type="checkbox"/> <input type="checkbox"/> Documented Educational Need <input type="checkbox"/> <input type="checkbox"/> Testing already completed <input type="checkbox"/> <input type="checkbox"/> Current testing received <input type="checkbox"/> <input type="checkbox"/> Testing does not support a different eligibility <input type="checkbox"/> <input type="checkbox"/> Meets/Does not meet eligibility criteria <input type="checkbox"/> <input type="checkbox"/> Related Service need for student to benefit Educationally <input type="checkbox"/> <input type="checkbox"/> Parent request testing not be conducted <input type="checkbox"/> <input type="checkbox"/> Lack of educational opportunity <input type="checkbox"/> <input type="checkbox"/> Current IEP instructional accommodations an review of previous educational efforts support the child's present instructional setting <input type="checkbox"/> <input type="checkbox"/> Student met IEP goals and objectives dated: _____ <input type="checkbox"/> <input type="checkbox"/> Behavior is NOT a result of failure to implement IEP <input type="checkbox"/> <input type="checkbox"/> Behavior is NOT a result of his/her disability <input type="checkbox"/> <input type="checkbox"/> No longer has an IEP <input type="checkbox"/> <input type="checkbox"/> Not receiving accommodations or modifications <input type="checkbox"/> <input type="checkbox"/> Student is on regular discipline plan
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Other Options Considered/Discussed: <input type="checkbox"/> Regular Education <input type="checkbox"/> Special Education <input type="checkbox"/> Compensatory Education <input type="checkbox"/> Behavioral Intervention <input type="checkbox"/> 504 Programs <input type="checkbox"/> Alternative Programs <input type="checkbox"/> ESL <input type="checkbox"/> RTI <input type="checkbox"/> ESY <input type="checkbox"/> Other : _____	Why options are rejected <input type="checkbox"/> No options rejected <input type="checkbox"/> Does not meet eligibility criteria <input type="checkbox"/> Parent refusal <input type="checkbox"/> No/Limited progress <input type="checkbox"/> Inappropriate placement <input type="checkbox"/> Extensive absences <input type="checkbox"/> Student behavior <input type="checkbox"/> Student has mastered all elements of the IEP <input type="checkbox"/> Student has not exhibited regression <input type="checkbox"/> Other : _____
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Evaluation procedures, tests, records, reports used as a basis for decision: <input type="checkbox"/> Report card(s) and/or test data from cumulative folder <input type="checkbox"/> Standardized evaluation (FIE / Psychological) <input type="checkbox"/> Parent information <input type="checkbox"/> Previous evaluation(s) <input type="checkbox"/> Attendance Records <input type="checkbox"/> Teachers reports/information: _____ <input type="checkbox"/> BIP <input type="checkbox"/> FBA <input type="checkbox"/> Discipline records <input type="checkbox"/> Medical/Social History (parent information) <input type="checkbox"/> Behavior rating scales (school & parent) <input type="checkbox"/> Information from previous school district <input type="checkbox"/> Formal or Informal assessment of IEP goals and objectives <input type="checkbox"/> Related services reports, assessment, goals <input type="checkbox"/> LPAC <input type="checkbox"/> Other: _____	State Assessment participation decisions: <input type="checkbox"/> STAAR Paper: Reading Writing Math Science Social Studies <input type="checkbox"/> STAAR Online: Reading Writing Math Science Social Studies <input type="checkbox"/> STAAR Alt II : _____ <input type="checkbox"/> EOC Paper: English 1 English 2 Algebra Biology US History <input type="checkbox"/> EOC Online: English 1 English 2 Algebra Biology US History Other factors relevant to decision: _____ _____ _____
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Our rights were explained to you when your child was initially referred for special education evaluation. Federal regulations require that parents and adult students be provided a full explanation of all procedural safeguards in their native language or other modes of communication each time the district proposes or refuses to initiate or change the identification, evaluation, or educational placement of your child or the provision of a free appropriate public education (FAPE) to your child. Another copy of the procedural safeguards is being provided/offered at this time also: _____

For assistance in understanding the Notice of Decision you are encouraged or offered to contact one of the following:
 Director of Special Education 806-435-4412, Learning Disabilities Association of Texas (LDAT) 800-804-7500, Association for Retarded Citizens (ARC) 800-880-4456 or the Partners Resource Network, Inc. PATH 800-886-4726

If the refusal occurs at an ARD meeting, the parent/adult student must be given a copy of this ARD supplement at the ARD meeting or within 5 school days thereafter.