

PRIOR WRITTEN NOTICE OF DISTRICT'S PROPOSAL/REFUSAL

No Diagnosis for Special Education Services/Eligibility
Hancock County Schools

Student's Full Name: _____ Date: _____
School: _____ DOB: _____
Parent(s)/Guardian(s): _____ Grade: _____
Address: _____ WVEIS #: _____
City/State: _____ Telephone: _____

Dear _____,

As a result of:

- ___ a Student Assistance Team (SAT) meeting conducted on _____,
- ___ an Eligibility Committee (EC) meeting conducted on _____,
- ___ an Individualized Education Program (IEP) Team meeting conducted on _____,
- ___ a disciplinary action occurring on _____,
- other failure to provide a prescription/diagnosis from a medical doctor for services.

the district is providing you with written notice of the district's ___proposal / refusal of the following action(s) with regard to:

- ___ the educational evaluation or reevaluation of the student.
- ___ the identification of the student as having a disability.
- ___ the educational services and/or placement of the student.
- ___ the provision of a free appropriate public education (FAPE) to the student.
- other provide services as indicated by the IEP.

Specifically, the district is proposing discontinuing Special Education and/or other services..

The district is proposing or refusing this action because: as you are aware, state law requires a diagnosis to be received fro students eligible for special education services under the exceptionality of "Other Health Impairment" prior to beginning/continuing services every 3 years (re-evaluation).

The evaluation procedure(s), assessment(s), record(s) or report(s) the district used as a basis for the ___proposed/ refused action are: The student is eligible for these services based on assessment and IEP. However, Since the diagnosis was not returned services will be discontinued for the 13-14 school year.

Other options considered include: None noted.

The reasons the above options were rejected are: At eligibility meeting parent was informed of the need for a diagnosis of child's health impairment. Diagnosis still has not been received, therefore services can not be continued or provided even though your child is eligible and has been determined to need these services.

Other factors relevant to the district's ___proposal / refusal are: Your child will continue to receive special education services if the diagnosis is received by _____ . If not, services will be discontinued through IEP scheduled on _____.

Exceptional students and their parents have protections under the procedural safeguards. A copy of the Procedural Safeguards Brochure and assistance in understanding the provisions of the procedural safeguards may be obtained by contacting the Director of Special Education at 304-564-3411, as appropriate, the local Parent Educator Resource Center at _____ and/or the West Virginia Department of Education, Office of Special Programs at 304-558-2696 or 1-800-642-8541.

Sincerely,

Signature/Position

Date