

PRIOR WRITTEN NOTICE OF DISTRICT'S PROPOSAL/REFUSAL

NO OT Prescription
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 _____,
- X other failure to provide a prescription from a medical doctor for Occupational Therapy Services.

the district is providing you with written notice of the district's ___ proposal / X 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.
- X other provide occupational therapy services as indicated by the IEP.

Specifically, the district is proposing discharging the student from Occupational Therapy Service.

The district is proposing or refusing this action because: as you are aware state law requires a prescription to be received prior to beginning/continuing occupational therapy services.

The evaluation procedure(s), assessment(s), record(s) or report(s) the district used as a basis for the ___ proposed/ X refused action are: the student is eligible for these services based on assessment and IEP. However, since the prescription was not returned services cannot be provided.

Other options considered include: None Noted.

The reasons the above options were rejected are: Statement at IEP meeting regarding the need for a prescription was made along with a reminder letter sent home. Prescription still has not been received, therefore OT can not be provided even though your child is eligible and has been determined to need these services..

Other factors relevant to the district's X proposal / ___ refusal are: Your child will continue to receive OT services if the prescription is received within ten days or by September XX, 20XX. If not services will be discontinued through and addendum to the IEP..

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