

School District Information

**Notice of Recommendation
Initial Provision of Twelve-Month Special Education Services**

Date of Notice: [redacted]

[redacted] Insert parent name and address

Dear Parent or Guardian of [redacted] DOB: [redacted] Local ID number: [redacted]

DESCRIPTION OF ACTION PROPOSED OR REFUSED:

This Notice is to inform you that the select CSE or CPSE has recommended that your child receive special education services during the months of July and August, in addition to the regular school year. Because this is the first time the Committee has made this recommendation for your child, your consent is needed to provide these services.

DESCRIPTION OF OTHER ACTION PROPOSED OR REFUSED:

[redacted]

EXPLANATION OF WHY THE ACTION IS PROPOSED OR REFUSED:

[redacted]

DESCRIPTION OF EACH EVALUATION PROCEDURE, ASSESSMENT, RECORD, OR REPORT USED IN THE DECISION TO PROPOSE OR REFUSE THE ACTION:

[redacted]

DESCRIPTION OF ANY OTHER OPTIONS CONSIDERED AND THE REASONS WHY THOSE OPTIONS WERE REJECTED:

[redacted]

DESCRIPTION OF OTHER FACTORS THAT ARE RELEVANT TO THE PROPOSED OR REFUSED ACTION:

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PARENTS OF A STUDENT WITH A DISABILITY HAVE PROTECTION UNDER THE PROCEDURAL SAFEGUARDS OF FEDERAL AND STATE LAW. BELOW IS A DESCRIPTION OF HOW A COPY OF THE NEW YORK STATE EDUCATION DEPARTMENT PROCEDURAL SAFEGUARDS NOTICE MAY BE OBTAINED:

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SOURCES FOR PARENTS TO CONTACT TO OBTAIN ASSISTANCE IN UNDERSTANDING THE SPECIAL EDUCATION PROCESS:

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You have the opportunity to address the Committee, either in person or in writing, on the appropriateness of the Committee's recommendations on program placements to be made to the Board of Education. If you have any questions or would like to request a meeting to further discuss information contained in this notice please contact (name) at (telephone number).

Sincerely,

Enclosure

Parent consent form