

**School District Information**

**Notice of Recommendation  
Declassification  
School-Age Student**

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 Committee on Special Education (CSE) has determined that your child no longer needs special education services and is ready for a full time general education program (declassified). This Notice also describes recommendations, if any, of the Committee for continued supports and services for your child that will continue during the first year after declassification.

This recommendation was made by the Committee on [redacted] / [redacted] / [redacted] based upon a review of the results of your child's individual evaluation. If you have not already received a copy of the evaluation report that served as the basis for this decision, a copy is enclosed.

**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:**


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**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

Recommendations upon declassification

### RECOMMENDATIONS UPON DECLASSIFICATION

For a student who, based upon a reevaluation, has been determined to no longer be eligible for special education services

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date declassified: / /

**Declassification Support Services** (including testing accommodations)

- Student declassified and not recommended for declassification support services.
- Student declassified and recommended for declassification support services to be provided to the student or student's teacher(s) during the first year after the student has been determined to be no longer eligible for special education services.

Service	Initiation Date	Frequency	Duration	Ending Date
	/ /			/ /
	/ /			/ /
	/ /			/ /

Testing Accommodations	Conditions	Specifications

Other: \_\_\_\_\_

