

School District Information

**Notice of Recommendation
Initial Referral for Special Education**

Date of Notice: []

[]
Insert parent name and address

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

This Notice is to inform you that the Select CSE or CPSE has received a referral to evaluate your child in order to determine if he or she is eligible for special education services.

DESCRIPTION OF ACTION PROPOSED OR REFUSED:

Select One

- The Committee is seeking your written consent to conduct an initial evaluation of your child to determine if he or she needs special education services and, if so, to develop an individualized education program (IEP) that describes the special education services your child will receive. You may submit evaluation information which will be considered by the Committee as part of its evaluation.

Description of the proposed evaluation:

[]

Your written consent is necessary before the district can evaluate your child. Your consent is voluntary. If you give your consent for an initial evaluation, your consent does not mean you have given consent for the school district to provide special education services to your child. Upon completion of this evaluation, you will be invited to a meeting to review the results and to determine what, if any, special education services your child needs.

If your child is a preschool child, in order for us to arrange an initial evaluation, you must select an approved program, with a multidisciplinary evaluation component to conduct this evaluation. Enclosed is a list containing a description of each preschool program which has been approved to provide evaluations in this region and the procedures you should follow to select an available program to conduct a timely evaluation of your child. Please select a program and notify us of your selection.

- An initial evaluation for special education for your child will not be conducted.

DESCRIPTION OF OTHER ACTION PROPOSED OR REFUSED:

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EXPLANATION OF WHY THE ACTION IS PROPOSED OR REFUSED:

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

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

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Parents of a student with a disability have protection under the procedural safeguards of federal and State law. Enclosed are copies of the New York State Education Department Procedural Safeguards Notice and the Parent's Guide to Special Education in New York State (or locally developed handbook).

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,

Enclosures

- List of preschool programs approved to provide evaluations and preschool evaluation program selection procedures for parents
- New York State Education Department Procedural Safeguards Notice
- New York State Education Department Parent's Guide to Special Education in New York State or locally developed handbook
- Parent consent form

PROPOSED