## WRITTEN PRIOR NOTICE

Child's	Name:	SASID#:	Date:
The purpose of this form is to inform you when the School District proposes to initiate or change, or refuses to initiate or change, the referral, evaluation, determination or change in eligibility, individualized education program (IEP), educational placement, the provision of a Free Appropriate Public Education (FAPE) for your child, or is refusing to hold a meeting of the IEP team in response to a parental request to do so.			
1.	Description of the action being pro-	oposed or refused by the school district:	
2.	Explanation of why the school dis	strict proposes or refuses to take this action:	
3.	A description of each evaluation proposed or refused action):	procedure, assessment, record, or report used as a	basis in making this decision (the
4.	A description of other options the	IEP Team considered and why those options wer	e <u>rejected</u> :
5.	A description of other factors whi	ch are relevant to the school district's proposal or	refusal:
As the parent of a child with a disability, you have protections under the NH Procedural Safeguards of the Federal special education law, the Individuals with Disabilities Education Act (IDEA). You have been given a copy of the Procedural Safeguards Handbook at least annually, and may obtain an additional copy at any time by requesting one from the school district's Special Education Office.			
Sources	s for parents to contact to obtain ass	istance in understanding the content of this writte	n prior notice are listed below:
Method and date of delivery:			
Written Prior Notice			