School Name:							
School Address:							
	Parent's F	Response to	Special Educati	on Propo	osal		
This is a document for peducation for their child proposal to respond. Thappropriate manner. Than extension.	. Parents may in the sensures that	take up to 14 cale t the special educ	endar days from the datation process can be	ate on which conducted in	they r	eceive	e the d
Student Name:			SASID #:				
Parent(s) Name:			Date of Trans	Date of Transmittal:			
			Method of Tr	ransmittal:		Fax	
Address:						Certifi	ied Mail
Contact Person:						In Ha	nd
Proposed Details:							
I AGREE to the	proposal for th	ne provision of sp ELOW. I understa	sion of special educati ecial education descri and that the portions o orth in the document.	bed in the at	ttached	d docu	ment, WITH
If you disagree with the please reference the DO ask the district for the a	DE website (wy ppropriate form	vw.ed.state.nh.us ns.	s/education/laws/Requ	iestforDuePr	ocess	Hearin	g.htm) or
"Procedural Safeguare			indicated above, allu	i nave rece	iveu a	сору	Ο Ι
Parent/Guardian/Adult	t Student:			_ Date:		1	1
Signature:							