

School Name: _____

School Address: _____

Parent's Response to Special Education Proposal

This is a document for parents to indicate their formal response to a school district proposal related to special education for their child. Parents may take up to 14 calendar days from the date on which they receive the proposal to respond. This ensures that the special education process can be conducted in a timely and appropriate manner. The 14 day time limit may be extended if both the parent and School District agree to an extension.

Student Name: _____ SASID #: _____

Parent(s) Name: _____ Date of Transmittal: _____

Method of Transmittal: Fax

Address: _____ Certified Mail

Contact Person: _____ In Hand

Proposed Details: _____

Please indicate your response to this special education proposal by checking the box(es) which reflect your decision, and then sign the document in the space provided.

- I AGREE to the proposal for the provision of special education described in the attached document.
- I DO NOT AGREE to the proposal for the provision of special education described in the attached document.
- I AGREE to the proposal for the provision of special education described in the attached document, WITH THE EXCEPTIONS GIVEN BELOW. I understand that the portions of the document to which I have agreed will be implemented on the initiation dates set forth in the document.

EXCEPTIONS:

If you disagree with the proposal and wish to resolve the matter by initiating mediation/due process proceedings, please reference the DOE website (www.ed.state.nh.us/education/laws/RequestforDueProcessHearing.htm) or ask the district for the appropriate forms.

My response to this special education proposal is indicated above, and I have received a copy of "Procedural Safeguards for Special Education."

Parent/Guardian/Adult Student: _____ Date: ____ / ____ / ____

Signature: _____