Litchfield School District, SAU 27 One Highlander Ct., Litchfield, NH 03052

## **PRIOR WRITTEN NOTICE**

P.L. 108-446, Sec. 615 (c) (1) (A-F)

Student Name:	DOB:	SASID #:	
Date of Team Meeting:			
1. Description of the action the school district p	proposes or refuses to tak	xe:	

2. Explain a) Why the school district proposes or refuses the action and
b) Describe each evaluation procedure, assessment, record or report the school district used as a basis for the proposed or refused action.

3. Describe other choices considered by the IEP Team and the reason those options were rejected:

4. Describe other reasons why the school district proposed or refused the action:

5. Procedural Safeguards:

Α.	Sources for parents to contact to obtain assistance in understanding the provision of
	 Part B of the IDEA are listed on page 28 of the Procedural Safeguards Handbook.

- B. This meeting is an initial referral or the annual meeting for IEP development. Parents have been given a copy of the Procedural Safeguards.
- C. Parents have been advised that the Procedural Safeguards are also available on the Litchfield School District website.

**Team Recorder's Signature** 

Date

Parent requests to discontinue Special Education Services

Date Consent Revoked:

By revoking your consent for the continued provision of special education and related services, your child immediately becomes a general education student, is subject to normal disciplinary actions and is considered exited from special education.