Student's Enrollment Date:



## New Enrollment in Special Education Programs and Services / Prior Written Notice

The purpose of this form is to provide written notice of the school's <u>proposal to begin or change</u> or <u>refusal to begin or change</u> the (a) identification, (b) evaluation, or (c) educational placement of your child, or (d) the provision of a free appropriate public education (FAPE) to your child. [34 CFR 300.503(a)]

Section	1:	Demod	ırap	hics
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Today's Date:

Student's Legal Name:	Last	First	Middle	
UIC Number:		Birthdate:		
Grade:		Race / Ethnicity:		
New School Attending:		Operating School District:		
Resident School District:		County of Residence:		
Parent/Guardian Name(s):		Relationship to Student:		
Address:		Phone Number(s):		
City / State / Zip Code:		Email Address:		
SE Teacher / Case Manager:		Student's Disability:		
Most Recent IEP Date:		Most Recent Re-evaluation Date:		
Previous School Attended:		*Previous School District:		
*Please attach most recent IEP and MET Report of student who enrolls from a district outside of our ISD.				
Description of the action the school district proposes to take (check one):  The district will implement the Individualized Education Program (IEP) that was developed at:				
ononwith no modifications. (Skip to Section 3)				
Previous school date				
OR				
The district will make a new offer of FAPE (IEP/Amendment) within 30 school days of student's enrollment.  Until then, the Individualized Education Program (IEP) developed at:				
Previous school	on	will be implement date	ntea,	
with the following modi	fications:	(Cor	mplete the next section)	
L				

Explanations of mod	Explanations of modifications, if the district is modifying the offer of FAPE:			
Goals:				
Supplemental Aids and Services:				
Programs and Services:				
Section 3: Programs, Services, and IEP Team (Sections 3 - 6 must be completed for ALL New Enrollments)				
Programs/Services	S	Session Length (Minutes)	Number of Sessions (indicate per week or month)	Provider/Staff Name

Programs/Services	Session Length (Minutes)	Number of Sessions (indicate per week or month)	Provider/Staff Name
Consult Services	Session Length (Minutes)	Number of Sessions (indicate per week or month)	Provider/Staff Name
Personal Care:	No Yes		
Specialized	No Yes If yes, wh	at kind? LEA Special Bus	with Lift and/or Adaptations
Transportation:	146 166 11 yes, will		vith Lift and/or Adaptations

## **Section 4: Explanation of FAPE Offer**

Explanation of why the school district is proposing or refusing to take the action:

Description of each evaluation pro to propose or refuse the action:	ocedure, assessment, record or repor	t the school district used in deciding
Description of any other choices to	hat the IEP Team considered and the i	reasons why those choices were rejected:
ection 5: Signature of District		
District Representative or Design	nee acknowledges the content of this	New Enrollment and Prior Written Notice.
Signature:		Date:
ection 6: Delivery Means (to P	Parent/Guardian)	
Delivered By:	Date of	f Delivery:
Method of Delivery: In Perso	n By Mail Sent home with st	udent By Email