

Form 7 - Notice of Local Educational Agency Refusal



School District: _____ Date Form Completed: ____/____/____

Student Name: _____ Date of Birth: ____/____/____

Dear _____:

This letter is to provide you with written notice that the school district refuses to initiate or change the:

- special education evaluation of a child or student
- identification of a child or student as having a disability
- educational placement of a student or child with a disability
- provision of a Free Appropriate Public Education for the child or student

The following is a description of the request and an explanation as to why the school district has made this decision:

The evaluation procedures, tests, records, reports and other factors upon which this decision was based were:

Other options, if any, that the district considered and reasons why those options were not chosen:

Other factors, if any, that are relevant to this action:

Procedural Safeguards To Protect Parent Rights

Both the state and federal laws concerning special education of children with disabilities include many parental rights. Receiving notices about the proposed actions or decisions the school wishes to take in regards to your child and your being a part of the educational planning team for your child with a disability are examples of rights given to you by these laws. These laws also require that the school follow certain procedures to make sure you know your rights and have the opportunity to exercise those rights. You received a copy of these rights when your child was referred. You should read them carefully and, if you have any questions regarding your rights, please contact:

_____ by phone at _____

or write to this person at:

Sincerely,

Signature: _____

Printed Name/Position: _____