Written Prior Notice and Consent for Initial Placement in Special Education

Student Name_____ **Date**_____

Date of Birth_____ **Grade**_____

Based on the student's current IEP, the IEP team is proposing the following placement effective on:

_____
Date

	Selected
Regular class	☐
•Regular class with consultation and / or itinerant services	
•Regular class with part-time special education services	
Special class	☐
Special school	☐
Home instruction	☐
Hospital / Institutional	☐

This option was selected and others were rejected because of:

☐ Degree of curricular content modification
☐ Degree of instructional modification needed
☐ Degree of behavioral intervention needed
☐ Other _____

Note: Degree of modification to general curriculum cannot be the only reason for more restrictive placement.

Refer to the Eligibility Report and the IEP for information used to make this placement determination.

Written Prior Notice for Initial Placement

You have received and have protection under the Procedural Safeguards that were sent to you upon notice of the student's referral for evaluation. You may request another copy of the Procedural Safeguards from the special education teacher at any time. If you have any questions regarding this notice or the Procedural Safeguards, contact the principal or the special education teacher at the student's school.

☐ **I DO** give consent for initial placement in special education.

_____ _____
Signature of Parent/Adult Student* Date

☐ **I DO NOT** give consent for placement in special education.

_____ _____
Signature of Parent/Adult Student* Date

***Signature indicates receipt of copy of this notice.**

Your School/District
Your City

SpEd 7a 04.08

Prethodna pismena obavijest i saglasnost o pocetnom premjestaju u posebno obrazovanje

Ime ucenika_____ **Datum**_____

Datum rodjenja _____ **Razred**_____

Na temelju trenutnog IEP ucenika, IEP tim predlaze ukljucivanje u sljedeci program od dana:

_____
Datum

	Odabrano
Redovna nastava	☐
• Redovna nastava uz konsultacije i /ili obilazak	
• Redovna nastava uz vanredne usluge posebnog obrazovanja	
Poseban razred	☐
Posebna skola	☐
Instrukcije kod kuce	☐
Bolnica / Ustanova	☐

Ova opcija je odabrana, a ostale iskljucene zbog:

☐ Stupnja modifikacija sadrzaja nastavnog plana
☐ Stupnja potrebnih modifikacija u instrukcijama
☐ Matura/maksimalna starosna dob
☐ Stupnja potrebnih bihevioralnih intervencija
☐ Ostalo _____

Napomena: Stupanj modifikacija opceg nastavnog plana i programa ne moze biti jedini razlog za restriktivniji status.

Vidi izvjestaj o podobnosti i IEP za informacije koje su koristene prilikom odredjivanja progama u koji se ucenik ukljucuje.

Prethodna pismena obavijest o pocetnom premjestaju u posebnom obrazovanju

Primili ste I imate zastitu o proceduralnim pravima koje smo vam poslali nakom obavjesti o ucenikovim preporukama za evaluaciju. Mozete zahtjevati dodatnu kopiju o proceduralnim pravilima od nastavnika za specijalnu edukaciju u svako doba.Ako imate pitanja u vezi ove obavijesti ili nacina zastite u postupku, kontaktirajte direktora ili nastavnika posebnog obrazovanja u skoli koju ucenik pohadja .

☐ **Dajem** saglanost za pocetni smijestaj u specijalno obrazovanje.

_____ _____
Potpis roditelja/Odraslog ucenika* Datum

☐ **Ne Dajem** saglanost za pocetni smijestaj u specijalno obrazovanje

_____ _____
Potpis roditelja/Odraslog ucenika* Datum

***Potpis potvrdjuje da ste primili ovu obavjest.**