# Individualized Education Program (IEP)Prior Written Notice (PWN)

(USBE Rules III.J.; III.N.; III.Q.; and IV.C.)

District/School: Date of Notice:

Student Name: DOB: Grade:

## Participation in Statewide and Schoolwide Assessments (See Assessment Addendum)

The IEP team must determine how the student will participate in statewide and schoolwide assessments. If the IEP team determines that the student must take an alternate assessment to a regular state or district-wide assessment of student achievement, include a statement of why the student cannot participate in the regular assessment and why the particular alternate assessment selected is appropriate for the student.

## Extended School Year (ESY)

(See Extended School Year [ESY] Attachment)

ESY services are special education or special education and related services that are provided to a student with a disability beyond the normal school year, in accordance with the student’s IEP, at no cost to the parent/adult student, and meets the standards of R277-751 and the ESY Technical Assistance Manual. These services are provided when the IEP team determines that the services are necessary for the provision of a free appropriate public education (FAPE) for the student. If the IEP team determines this student is eligible for ESY services, a Prior Written Notice of ESY services will be completed and provided to the parent or student who is an adult.

Student requires ESY services Student does not require ESY services

Decision to be documented before end of current school year

## Annual Review of Placement

Initial placement (provide parent/ student who is an adult with Prior Written Notice and Consent for Initial Placement in Special Education) ***OR***

Maintain current placement ***OR***

Change current placement (provide parent/ student who is an adult with Prior Written Notice for Change of Placement in Special Education)

## Prior Written Notice (PWN)

Parents and students who are adults must be provided prior written notice (PWN) in language understandable to the general public in their native language or other mode of communication before the LEA proposes or refuses to initiate or change the identification, evaluation, or educational placement of your student/you, or the provision of a free appropriate public education (FAPE) to your student/you (Rules IV.C.).

The Procedural Safeguards under Part B of the Individuals with Disabilities Education Act (IDEA) afford you protection. If you do not have a copy, you may request one from the special education teacher. If you have any questions regarding this notice or the Procedural Safeguards, contact the principal/director or special education teacher.

**We are required to notify you that the school may seek reimbursement from Medicaid for medically related services provided to your child. This will in no way affect any entitlements you may have through Medicaid or other insurance providers (USBE Rules VIII.L.7.b.(5)).**

Was a translator/interpreter for a spoken language provided to enable the parent(s)/student who is an adult to participate in the IEP meeting?

No, translator/interpreter not needed

Yes (translator/interpreter should sign below as a participant)

[ ]  Your native language or other mode of communication is ***not*** a written language.

**Therefore:**

[ ]  The notice was translated orally or by other means in your native language or other mode of communication on[date]: by[person]: **AND**

[ ]  You verified with the translator/interpreter that you understand the content of this notice.

The IEP team proposes to implement this program, based on the student’s needs as documented in the Present Levels of Academic Achievement and Functional Performance and Special Factors sections of this document and representing the free appropriate public education the student will be provided.

The following action(s) was(were) proposed:

Actions were proposed for the following reasons (include data used as a basis for the action):

The following action(s) was(were) refused:

Actions were refused for the following reasons (include data used as a basis for the action):

The following options were considered and rejected for the following reasons:

Other factors that are relevant to this IEP proposal:

***NOTE:*** *Each teacher and service provider must be informed of his or her specific responsibilities related to implementation of this IEP, and the specific accommodations, modifications, and supports that must be provided for the student in accordance with the IEP.*

## Signatures Below Denote IEP Team Participation and Acknowledge Receipt of Copy

Parent/Student who is an Adult Date LEA Representative Date

Student who is a Minor Date Regular Education Teacher Date

Special Education Teacher Date Signature/Title Date

Signature/Title Date Signature/Title Date

**Note:** If signature of parent or student who is an adult is missing, then parent or student who is an adult:

Did not attend (document efforts to involve); **OR**

Participated via telephone, video conference, or other means; **AND**

[ ]  Copy of this document was mailed to parent/student who is an adult on[date]: