RIVERSIDE COUNTY SPECIAL EDUCATION LOCAL PLAN AREA (SELPA)
INDIVIDUALIZED EDUCATION PROGRAM

PRIOR WRITTEN NOTICE

Provided to parent prior to district initiation or refusal regarding change of identification, evaluation, educational placement, or provision of free appropriate public education

The use and distribution of this form is limited to employees of public school agencies within the Riverside Special Education Local Plan Area (SELPA)

Student Name: _____ (First / Middle / Last) __/__/____ Birthdate __/__/____ Date Notice of Procedural Safeguards was sent to parent __/__/____ Date of PWN

This notice is to inform the parent(s) of the above named student regarding the LEA/school district's:

☐ **Proposal to initiate or change the:**

☐ **Identification** ☐ **Evaluation** ☐ **Educational Placement** ☐ **The provision of a free appropriate public education to your child**

This notice includes a description of the proposed action, an explanation of why the LEA/district proposed to take this action, a description of any other options that were considered and the reasons why those options were rejected, and other factors that are relevant in this proposal. Your written permission must be given before we assess your child to determine eligibility. You have the right to be familiar with the assessment procedures and type of tests that may be given to your child. After the assessment is completed, you will be notified in writing of an IEP meeting to discuss the results of the evaluation.

If your child is found eligible for special education services, a full range of program options will be discussed.

☐ **Refusal of your request to initiate or change the:**

☐ **Identification** ☐ **Evaluation** ☐ **Educational Placement** ☐ **The provision of a free appropriate public education to your child**

This notice includes a description of action being refused, an explanation of why the LEA/district refused to take this action, a description of any other options that were considered and the reasons why those options were rejected, and other factors that are relevant to this refusal.

Description of ☐proposed or ☐refused action:
Reason(s) for ☐ proposed or ☐ refused action:
Description of evaluation procedures, tests, records, or reports used in deciding to propose or refuse this action:
Description of other options considered and reasons for rejecting them:
Other factors relevant to the proposal or refusal:

Parents/Guardians have protections under state and federal procedural safeguard provisions. Please refer to the enclosed NOTICE OF PROCEDURAL SAFEGUARDS for an explanation of these rights. If you would like further information about your rights or the proposed action and/or referral please contact:

Print Name of District Contact	Position	Phone	E-mail Address