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| Name: | Meeting Date: |
| DOB: | Grade: |

Description of the action that the State Operated Program proposes or refuses to take:

Explanation of why the State Operated Program is proposing or refusing to take action:

Description of each evaluation procedure, assessment, record, or report the State Operated Program used in deciding to propose or refuse the action:

Description of any other choices that the team considered and the reasons why those choices were rejected:

Description of other reasons or other factors relevant as to why the State Operated Program proposed or refused the action:

Resources for the parent to contact for help in understanding the Individuals with Disabilities Education Improvement Act (IDEIA) and the related federal and Virginia Regulations:

If this notice is not the initial referral for evaluation, document when the parent was provided a copy of the procedural safeguards.

*This form must be completed when proposing/refusing to initiate or change the identification, evaluation, or educational placement of the child, or the provision of a free appropriate public education (FAPE).*