

## New Enrollment in Special Education Programs and Services / Prior Written Notice

The purpose of this form is to provide written notice of the school's <u>proposal to begin or change</u> or <u>refusal to begin or change</u> the (a) identification, (b) evaluation, or (c) educational placement of your child, or (d) the provision of a free appropriate public education (FAPE) to your child. [34 CFR 300.503(a)]

## **Section 1: Demographics**

Today's Date:		Student's Enrollment Date:		
Student's Legal Name:	Last	First	Middle	
UIC Number:		Birthdate:		
Grade:		Race / Ethnicity:		
New School Attending:		Operating School District:		
Resident School District:		County of Residence:		
Parent/Guardian Name(s):		Relationship to Student:		
Address:		Phone Number(s):		
City / State / Zip Code:		Email Address:		
SE Teacher / Case Manager:		Student's Disability:		
Most Recent IEP Date:		Most Recent Re-evaluation Date:		
Previous School Attended:		*Previous School District:		
*Please attach most recent IEP and MET Report of student who enrolls from a district outside of our ISD.				
Section 2: Current Offer of FAPE  Description of the action the school district proposes to take (check one):				
The district will implement the Individualized Education Program (IEP) that was developed at:				
onwith <u>no</u> modifications. (Skip to Section 3)  Previous school date			tions. (Skip to Section 3)	
OR				
The district will make a new offer of FAPE (IEP) within 30 school days of student's enrollment. Until then,				
the Individualized Education Program (IEP) developed at:				
	on	will be implemen	nted,	
Previous school	fications	date	mulate the next section	
with the following modif	HCAUONS:	(Col	mplete the next section)	

Explanations of modifications, if the district is modifying the offer of FAPE:					
Goals:					
Supplemental Aids and Services:					
Programs and Services:					
Section 3: Programs, Services, and IEP Team (Sections 3 - 6 must be completed for ALL New Enrollments)					
Programs/Services	s	Session Length (Minutes)	Number of Sessions (indicate per week or month)	Provider/Staff Name	
Consult Services		Session Length (Minutes)	Number of Sessions (indicate per week or month)	Provider/Staff Name	
Specialized Transpo	rtation:	No Yes **If yes, what kind?  LEA-Regular Bus  Special Education Bus, No Lift,  No Securement Required by Student  Special Education Bus with Lift  Special Education Bus with Securement  Parent  Private Carrier  Other			
Personal Care:		No Yes			
Extended School Y	ear:	No Yes			

## **Section 4: Explanation of FAPE Offer**

Explanation of why the school district is propos	sing or refusing to take the action:
Description of each evaluation procedure, asses propose or refuse the action:	ssment, record or report the school district used in deciding to
Description of any other choices that the IEP Tea	eam considered and the reasons why those choices were rejected:
ection 5: Signature of District Representa	ative or Designee
District Representative or Designee acknowled	dges the content of this New Enrollment and Prior Written Notice.
Signature:	Date:
ection 6: Delivery Means (to Parent/Guard	dian)
Delivered By:	Date of Delivery:
Method of Delivery: In Person By Mail	il ☐Sent home with student ☐By Email