

PARENTAL PRIOR WRITTEN NOTICE
ARSD 24:05:30:04 & 24:05:30:05

STUDENT NAME:		SIMS:	
PARENT/GUARDIAN NAME:		DATE SENT:	
SCHOOL DISTRICT:		SCHOOL:	
DOB:	AGE:	GRADE:	

Action proposed or refused by the district:

Evaluation for Special Education Services

- The district declines to conduct an initial evaluation of your child for special education services
- The district declines to conduct a reevaluation of your child for special education services

Identification

- Is not eligible for special education and related services
- Is eligible for special education under the category(ies) of _____
- Continues to be eligible for special education under the category(ies) of _____
- Eligibility category is being changed from _____ to _____
- Will receive the following related services in order to benefit from special education: _____
- Will continue to receive the following related services to benefit from special education: _____
- Is no longer in need of the following related services in order to benefit from special education: _____

Educational Placement/Change in Educational Placement

- Initial educational placement is _____
- Educational placement is being changed from _____ to _____
- No longer meets eligibility criteria and will be exited from the special education program
- Is graduating with a high school diploma and will be exited from the special education program
- Has reached the maximum age of entitlement (21 years old) and will be exited from the special education program

Individual Education Plan

- Development of Individual Education Plan
- Addendum to Individual Education Plan

Disciplinary Change in Placement

- The district is proposing a disciplinary change of placement to the following Interim Alternative Educational Setting: _____
- The district is declining to make a disciplinary change of placement

Other Decisions: (Identify the Proposal or Refusal)

- Proposals: _____
- Refusals: _____

Explanation of Action Proposed or Refused: (Must address each section below)

- a. Explanation of why the district proposed or refused to take the action:

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b. Description of other options that the IEP team considered and the reasons why those options were rejected:

c. Description of each evaluation procedure, assessment record or report the district used as a basis for the proposed or refused action:

d. Description of other factors that are relevant to district's proposal or refusal:

Five Calendar Day Notice Requirements

In South Dakota, prior notice must be given to parents five calendar days before the district's proposed action or refusal goes into effect. Parents have the right to waive the five calendar day prior notice requirement.

The district proposes to implement the above action(s) on _____.

- I wish to waive the mandatory five calendar day waiting period which will start the changes noted in this prior written notice on _____

(Parent Initial) _____ Date _____

If you have questions, please contact _____ at _____.

Parental Rights Resources:

You have protections under procedural safeguards. If you need a copy of these procedural safeguards or assistance understanding your protections, please contact the person noted above or South Dakota Parent Connection at 1-800-640-4553.

District Only:

Prior Written Notice was given to the parent by _____ on _____

Prior Written Notice was sent to the parent by _____ on _____

Method of delivery: _____