

# PARENTAL PRIOR WRITTEN NOTICE (PPWN) CONSENT GUIDANCE AND EXAMPLES

**Disclaimer:** South Dakota Department of Education, special education guidance and examples documents are for general information purposes only. Individual Education Program (IEP) teams should not rely upon this information as a basis for making IEP decisions. Remember, IEP decisions should be individualized to the student and copying the examples below may not be appropriate.

**Overview:** Parental Prior Written Notice (PPWN) is required before the district proposes or refuses to initiate or change the identification, evaluation, or educational placement of the child or the provision of a free appropriate public education to the child. In South Dakota, PPWN Consent document is specifically developed for evaluations whether it is initial, re-evaluation, an additional assessment, transfer student that requires evaluations, etc.

The PPWN Consent must be individualized to the student, in parent friendly language, and clearly articulates what the district will use to evaluate and determine eligibility of a student. It must include the reasons for the decision.

PPWN Consent must be signed by the parent/guardian/adult student. Verbal or email does not meet the definition of written consent. Districts may use an electronic signature process as defined in the districts written policies. Electronic signature requirements can be found under FERPA requirements.

If a district checks the box in the assessment section, the assessment must be completed within 25 school days unless the description in proposal clarifies what the situation. (24:05:25:03.04)

In rare circumstances, the 25-school day can be extended but must be completed as soon as possible. (ARSD**24:05:25:03 and 24:05:25:03.02**)

At the end of the school year, a referral for special education, may be requested. The district must still make a decision whether to evaluate or not and provide the parent a PPWN consent or PPWN with reasons. Then the district and parent, will determine the evaluation timeline for a student. The team should consider the needs of the student when making the decision.

**Associated Administrative Rules of South Dakota:** 24:05:30:04 Prior Notice, 24:05:30:05 Content of Notice, 24:05:30:06. Form of notice, 24:05:13:01.8 Consent Definitions, 24:05:25:02.01. Parental consent for initial evaluation, 24:05:25:03. Preplacement evaluation, 24:05:25:02.03. Use of procedural safeguards to obtain parental consent, 24:05:25:03.02. Exception to initial evaluation timeline, 24:05:25:03.04. Evaluation procedures -- Notice

# Parental Prior Written Notice Consent

<b>DATE Sent:</b>
<b>STUDENT NAME:</b>
<b>PARENT/GUARDIAN NAME:</b>
<b>SCHOOL DISTRICT AND SCHOOL:</b>
<b>SIMS NUMBER:</b>
<b>BIRTHDATE AND CURRENT AGE:</b>
<b>GRADE:</b>

**Purpose of Notification:** The school district must give written notice and receive written consent whenever the school district proposes to conduct an evaluation or reevaluation of your child.

- Initial evaluation to determine:
  - Whether your child is a child with a disability,
  - The educational strengths and needs of your child and
  - Whether your child needs special education or special education and related services.
  
- 3-Year Reevaluation to determine:
  - Whether your child continues to be a child with a disability,
  - The educational strengths and needs of your child and
  - Whether your child continues to need special education or special education and related services
  
- Additional Evaluation: (specify) \_\_\_\_\_
  
- Other \_\_\_\_\_

## Documentation of Parent Input into the Evaluation Process:

This section documents the participation and input of the student’s parents into the evaluation plan.

- District gathers information from the parent prior to completing the PPWN Consent, if possible.
- This information will help the district in developing an appropriate evaluation plan.
- Documentation of parent input can also be included in the other sections.
- If a parent brings up an area of concern, the district should document in the proposal section (A) or the reject section (B).
- District should document what parent has identified as a current strengths and concerns with schoolwork, interactions with others, etc.. It can be situations noted at home, a private diagnosis, etc. that will support educational impact.

**Example statements:**

1. Parent indicated the child has a recent \_\_\_\_\_ diagnosis.
2. Parent is concerned about \_\_\_\_\_ spelling and in ability to read fluently or complete written assignments.
3. Special education services have been very helpful for my child. I would like them to have more social interactions.

**A. Explanation of why the district proposed or refused to take the action:**

(When reviewing student data, information, and input from the team, what does the district propose to do for the evaluation and why?)

This section documents the areas of concern, the team discussed and considered, regarding why student may be eligible for special education. The team reviewed all data and information from parent, general education staff, administrator, and others to make these decisions.

- Documentation of student concern areas that skill based will be conducted should be included.
- Behavior considered: It would be appropriate for the district to document the type of behavior evaluating (inattention, anxiety, depression, etc.)

**Example Statements:**

1. The teacher referral team has provided \_\_\_\_\_ with reading intervention in basic reading and fluency since August \_\_\_\_\_. Over the last 6 months, student has made no progress compared to their peers on the \_\_\_\_\_ assessment. Reading interventions have been increased to help \_\_\_\_\_ gain skills needed to be successful. Classroom teacher and interventionists are all certified in reading. District is proposing to evaluate for a reading disability in basic reading and fluency. After discussion with the parent over the data, they agree seeing similar frustrations. Student had missed only 10 days of school. 8 out of 10 were due to illness and student made up the assignments.
2. Student has been receiving special education services for the past 9 years for other health impaired due to inattention. Student also has a diagnosis for ADHD. Upon reviewing the progress on goals, classroom observations, reviewing instruction and assignment completion, team is still concerned in the area of inattention. Although the focus and completion of assignments have made progress in the last year with supports, independent work still is a concern especially now moving to high school next year. As student is entering high school, the team determined to start developing transition IEP plan now. Transition assessment will be completed during this evaluation.
3. Student is aging out of the Birth to 3 program. The team including parent and Birth to 3 Coordinator discussed the child's strengths and needs. The team also considered the child's current services and supports and determined to evaluate for Part B (Special education) in areas of developmental delay. Child is still struggling with articulation, language, and some pre-academic delays.

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

(When reviewing student data, information, and input from team, what evaluation considerations did the team reject and why?)

This section is where team considered the student strengths and/or no concerns to evaluate the student.

- It also can include something the parent, student, or other staff wanted to evaluate. Yet, the district does not feel it rises to include in evaluation plan.

**Example statements:**

1. Team considered if math problem solving, or behavior was an issue for the student. Classroom teacher input and skills-based report card demonstrated student is making progress in math similar to same age peers. There are times student may need teacher to check first couple of problems to ensure on correct path, otherwise student completes independently on own. Parents also indicate at home rarely asks for help on math. Behavior is similar to same age peers so no evaluation necessary.
2. Upon review of data collected and input from the IEP team, no behavioral concerns, visual, oral expression, articulation etc. were noted. These areas will not be included in the evaluation plan.
3. Parent has noted concern \_\_\_\_\_ is developing anxiety characteristics. Parent has observed at home \_\_\_\_\_. Staff have not seen any evidence of anxiety. Student is turning in assignments, follows instructions, and good attendance. Does ask for feedback on assignments and if done correctly while in class.

**C. Description of each evaluation procedure, assessment record or report the district used as a basis for the proposed or refused action: (What current student data, pre-referral, diagnosis, evaluations, educational information, and input from the team does the district and parent already have to make evaluation decisions about the student?)**

This section describes all the data and information to inform the decision making in proposal (A) and reject/refusal (B) sections.

**Example Statements:**

1. CORE reading probes (dates: \_\_\_\_\_), review of progress charts, report on interventions used during the intervention process, attendance records since August, math assignments, reading fluency probes, parent input on concerns, observations on 10/25/\_\_\_\_\_, January 7, \_\_\_\_\_, March 4\_\_\_\_\_.
2. Diagnosis of ADHD and medication Dr. \_\_\_\_\_ on September 8, \_\_\_\_\_, classroom observations on \_\_\_\_\_, \_\_\_\_\_, classroom teacher tracking of grades on assignments completed and incomplete or not turned in assignment report, parent input, progress on goals over last year.

**D. Description of other factors that are relevant to district’s proposal or refusal:(Any other factors that may impact evaluation of the student, considerations for a later date, or general concerns that may not directly impact special education considerations.)**

This section is to document information that may be relevant to evaluation or may not directly impact.

**Example Statements:**

1. Parents indicated student prefers to use audio books or videos to learn about science. Student works hard trying to understand information and does ask for help.

2. Student is involved in sports. Parents and student want to know what strategies they can do keep eligibility to play.
3. Student is very shy. When testing the student, new evaluators will need at least 2 interactions for student to provide verbal responses.
4. Team discussed inviting outside agencies such as vocational rehabilitation and Benchmark to the IEP meeting since student is 17 and transition age. Included in the consent is also the consent to invite the outside agencies to the upcoming meeting.
5. Since child is turning 3 in 6 weeks, the special education eligibility and, if eligible, an IEP must be written before child turns age 3. It was determined to hold the eligibility meeting on \_\_\_\_\_.

**THE DISTRICT IS PROPOSING TO USE THE FOLLOWING EXISTING EVALUATIONS OR INFORMATION, INCLUDING SKILL BASED, AND WILL BE PULLED FORWARD FOR ELIGIBILITY (IDENTIFIED IN DESCRIPTION OF EVALUATIONS (C) ):**

Area/Information	Related Documentation (diagnosis, screening information, classroom data, etc.)	Date(s) completed

The above section is documentation of the information the team already has that will be used for eligibility. Ensure that the actual documents in the current eligibility determination file.

**THE FOLLOWING EVALUATIONS OR INFORMATION WILL BE COMPLETED WITHIN 25-SCHOOL DAY TIMELINE AFTER RECEIVING YOUR WRITTEN PARENTAL CONSENT:**

<input type="checkbox"/> Ability	<input type="checkbox"/> Academic Achievement	<input type="checkbox"/> Observation	<input type="checkbox"/> Adaptive Behavior
<input type="checkbox"/> Language	<input type="checkbox"/> Articulation	<input type="checkbox"/> Fluency	<input type="checkbox"/> Social Communication
<input type="checkbox"/> Behavior	<input type="checkbox"/> Functional Behavior Assessment	<input type="checkbox"/> Social/Emotional	<input type="checkbox"/> Autism Specific Instrument
<input type="checkbox"/> Fine Motor	<input type="checkbox"/> Sensory	<input type="checkbox"/> Gross Motor	<input type="checkbox"/> Visual Motor
<input type="checkbox"/> Developmental Delay Areas: This includes evaluations in Cognitive, Adaptive, Motor, Communication, Social or Emotional (before age 9)			
<input type="checkbox"/> Chronic/Acute Health (Diagnosis)	<input type="checkbox"/> Audiological (Hearing)	<input type="checkbox"/> Ophthalmological (vision)	<input type="checkbox"/> Medical data for Orthopedic Impairment
<input type="checkbox"/> Transition assessment for post school planning (initial prior to age 16)			
Other:			

**Note:** Skill Based (educational impact and need for specialized instruction) information will be conducted and report completed in all areas identified.

**Other information the team determined relevant for eligibility and programming (to be completed within 25-school day timeline):**

<input type="checkbox"/> Current Medical Data/Records	<input type="checkbox"/> Hearing screening	<input type="checkbox"/> Braille
<input type="checkbox"/> Developmental History	<input type="checkbox"/> Vision screening	<input type="checkbox"/> Orientation/Mobility
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Assistive Technology

If you have questions or concern about the proposed plan, please contact \_\_\_\_\_ at \_\_\_\_\_.

**Parental Rights Resources:**

You have protections under IDEA procedural safeguards. If you need a copy of these procedural safeguards or assistance understanding your rights, please contact the person noted above or South Dakota Parent Connection at 1-800-640-4553. SD Parent Rights and Procedural Safeguard handbook can also be found at <https://doe.sd.gov/sped/parentalrights.aspx>.

SD Parental Rights and Procedural Safeguard handbook was provided with the notice.

DATE Sent:

STUDENT NAME:

**(Sign and return this page to the district, previous pages should be kept for your records.)**

I **CONSENT**<sup>1</sup> for my child to be evaluated in the areas identified on this consent form. I have a copy of my parent rights and procedural safeguards that explains due process procedures.

I **DO NOT CONSENT**<sup>1</sup> for my child to be evaluated in the areas identified on this consent form. I have a copy of my parent rights and procedural safeguards that explains due process procedures.

Parent/Guardian Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**For District Use:**

Date consent was received by the district: \_\_\_\_\_

Evaluations must be conducted within 25 school days or by the extension date. Date to be completed by: \_\_\_\_  
\_\_\_\_\_

Determination of eligibility made within 30 calendar days. Eligibility must be determined by : \_\_\_\_\_

**Reasonable effort was made to gain parent consent:**

1<sup>st</sup> Contact Date \_\_\_\_\_ Method \_\_\_\_\_ Response \_\_\_\_\_

2<sup>nd</sup> Contact Date \_\_\_\_\_ Method \_\_\_\_\_ Response \_\_\_\_\_

3<sup>rd</sup> Contact Date \_\_\_\_\_ Method \_\_\_\_\_ Response \_\_\_\_\_

**If needed, extension of 25-school day evaluation timeline due to unique circumstance (24:05:25:03, 24:05:25:06)**

**For District Use**

District and parent agreed to extend the evaluation timeline to this date \_\_\_\_\_ due to (reason) \_\_\_\_\_.

The new 30-day calendar date for eligibility meeting will be by \_\_\_\_\_

This agreement was documented through phone, email, meeting, or other means on this date:

\_\_\_\_\_.

(Parent Initials) \_\_\_\_\_

**Note:** Parents must be given a copy of their procedural safeguards upon initial or parent request for evaluation. If this notice is not an initial referral for evaluation, a copy of procedural safeguards may be obtained from district administration.

<sup>1</sup> Consent definition can be found in Administrative Rules of South Dakota (ARSD) 24:05:13:0