

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 or refusal to begin or change the</u> (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

		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 mo	ost recent IEP and MET Report of	student who enrolls from a district of	outside of our ISD.		
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:					
The district will imple		(,	eveloped at:		
The district will imple	on	. ,	ations. (Skip to Section 3)		
	on	with <u>no</u> modific	•		
Previous school	on	with <u>no</u> modific	•		
Previous school The district will hold	on	with <u>no</u> modifice date	•		
Previous school The district will hold	onononononononon	with <u>no</u> modifice date	ations. (Skip to Section 3)		

Explanations of mod	difications	s, if the district is modifyin	g 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

Programs/Services	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
Personal Care:	No Yes		
Specialized	No Yes If yes, wh	at kind? LEA Special Bus	with Lift and/or Adaptations
Transportation:	146 166 11 yes, will		vith Lift and/or Adaptations

Section 4: Explanation of FAPE Offer

Explanation of why the school district is proposing or refusing to take the action:

Description of each evaluation proc to propose or refuse the action:	edure, assessment, record or report the s	school district used in deciding
Description of any other choices that	nt the IEP Team considered and the reason	ns why those choices were rejected:
Section 5: Signature of District R	Representative or Designee	
District Representative or Designe	e acknowledges the content of this New E	Enrollment and Prior Written Notice.
Signature:		Date:
Section 6: Delivery Means (to Pa	rent/Guardian)	
Delivered By:	Date of Deliv	very:
Method of Delivery: In Person	By Mail Sent home with student	By Email