

## **Grant Parish School Board**

P.O. Box 208

Colfax, Louisiana 71417-0208 Phone: 318-627-3274 • Fax: 318-627-5931 Dr. Erin Stokes, Superintendent

## **Notice of Proposed or Refused Action**

| Date:   |  |
|---|--|
| To the Parent(s)/Guardian(s) of:  |  |
| The Individuals with Disabilities Education Act (IDEA) ar require school districts to provide prior written notice with educational placement or the provision of a Free April disabilities; or refuses to initiate or change the education to the student. The purpose of this letter is to inform you program (IEP) Team's Proposal/Refusal of action related | when a school district proposes to initiate or change opropriate Public Education (FAPE) to a student with onal placement of the student or the provision of FAPE ou of the school system's Individualized Education |
| Annual review and/or update of IEP goals and objectives. Reevaluation IEP Team Meeting Change your child's educational placement. Change your child's school exit option Change your child's special education support service.   | Change your child's assessment decision. Change your child's special education related service Change your child's eligibility for special education services. Other (describe)                                      |
| The IEP describes each evaluation procedure, assessmedecision was based upon a review of current records are performance as indicated in the IEP. The following information of the IEP.   | nd assessments and your child's educational  |
| Previous IEP Student Performance Student Behavior Evaluation Teacher/Information/Observation  | Parent Information Medical Information Report Cards/Assessments Other:   |
| Other options or factors considered during the course of  | of the IEP meeting but not selected were:  |
|   |  |
| Louisiana's Educational Rights of Students with Disabilit<br>IDEA. You have previously received a copy of those righ<br>http://www.louisianabelieves.com  | , , ,  |
| Signature of Official Designated Representative   | <br>Date   |
| If you need further information, you may contact:   |  |
| Name: Denise Young  |  |
| Title: Special Education Supervisor   |  |
| Phone: (318) 627-3274   |  |