



# 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) and Louisiana Department of Education Bulletin 1706 require school districts to provide prior written notice when a school district proposes to initiate or change the educational placement or the provision of a Free Appropriate Public Education (FAPE) to a student with disabilities; or refuses to initiate or change the educational placement of the student or the provision of FAPE to the student. The purpose of this letter is to inform you of the school system's Individualized Education

Program (IEP) Team's *Proposal/Refusal* of action related to the:

- |  |   |
|--|---|
| _____ Annual review and/or update of IEP goals and objectives. | _____ Change your child's assessment decision.                        |
| _____ Reevaluation IEP Team Meeting                            | _____ Change your child's special education related service           |
| _____ Change your child's educational placement.               | _____ Change your child's eligibility for special education services. |
| _____ Change your child's school exit option                   | _____ Other (describe) _____  |
| _____ Change your child's special education support service.   |   |

The IEP describes each evaluation procedure, assessment, record, or report used in this offer of FAPE. This decision was based upon a review of current records and assessments and your child's educational performance as indicated in the IEP. The following information was used in making this decision:

- |                                       |                                |
|---------------------------------------|--------------------------------|
| _____ Previous IEP                    | _____ Parent Information       |
| _____ Student Performance             | _____ Medical Information      |
| _____ Student Behavior                | _____ Report Cards/Assessments |
| _____ Evaluation                      | _____ Other: _____             |
| _____ Teacher/Information/Observation |                                |

Other options or factors considered during the course of the IEP meeting but not selected were:

\_\_\_\_\_  
\_\_\_\_\_

Louisiana's Educational Rights of Students with Disabilities describes your procedural protections under the IDEA. You have previously received a copy of those rights, but another copy is available upon request and at: <http://www.louisianabelieves.com>

\_\_\_\_\_  
Signature of Official Designated Representative

\_\_\_\_\_  
Date

If you need further information, you may contact:

Name: \_\_\_\_\_ Denise Young \_\_\_\_\_

Title: \_\_\_\_\_ Special Education Supervisor \_\_\_\_\_

Phone: \_\_\_\_\_ (318) 627-3274 \_\_\_\_\_