



School District Name: Nashoba Regional School District
School District Address: 50 Mechanic Street, Bolton, MA 01740
School District Contact: TBD TEAM CHAIR, School Psychologist/Team Chairperson

Student: IEP Blank **Grade:** 02 **DOB:** 10/25/2012 **LASID#:** 123123123123 **SASID#:**

To: Student's Parent/Guardian #1 Student's Parent/Guardian #2

Subject: **The school district proposes the following:**

- An Evaluation
- An IEP
- An Amendment
- A Placement
- Other:

Notice Date: January 1, 2021

The school district has recently discussed this student and, with your input, has developed a proposal. We have described our actions and our reasons for these actions in this memo.

As you know, special education regulations provide protection to you and your child. You will find specific information about your legal rights in the *Parent's Notice of Procedural Safeguards*, including sources that you may contact for help in understanding your rights. This notice is enclosed for initial evaluations. You should have received your *Parent's Notice of Procedural Safeguards* if you will be attending an IEP/Amendment or Placement meeting during the school year. We will also disseminate the notice at your request and upon disciplinary removal to an interim alternative education setting. You should carefully review this brochure and the enclosed material before making any decisions.

The school district staff is available to speak to you or meet with you about your rights and the school district's proposal. We strongly encourage you to call us if you have any questions. Please contact us through the district contact person listed below. Thank you.

An Evaluation Consent Form, an IEP or an IEP Amendment must be signed and returned, as we are required by law to have a signed copy on file regardless of your decision. Please return a copy as soon as possible but no later than the date listed below. Thank you.

Document Return Date: Sunday, January 31, 2021

Procedural Safeguards Sent: October 25, 2019

District Contact Person:

Contact Information:

Enclosures:

- Parent's Notice of Procedural Safeguards



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Directions to School Staff:

This notice must be sent to parents in their native language or other mode of communication used by the parent. School districts must ensure that parents understand the content of this notice. (Federal Regulation §300.503)

Describe one or more of the following actions: Initial Evaluation, Reevaluation, Emergency Evaluation, Extended Evaluation Period, IEP, IEP Amendment, Placement (include the specific placement location and transportation requirements, if any), Graduation or any other proposal used to initiate or change the identification, evaluation, educational placement or the provision of special education services by answering the following questions:

1. *What action is the school district proposing to take?*
2. *Why is the school district proposing to act?*
3. *What rejected options were considered and why was each option rejected?*
4. *What evaluation procedure, test, record or report was used as a basis for the proposed action?*
5. *What other factors were relevant to the school district's decision.*
6. *What next steps, if any, are recommended?*

Narrative Description of School District Proposal

Enclosures:

- Parent's Notice of Procedural Safeguards

**Nashoba Regional School District
Evaluation Consent Form
Attachment to N 1**

Student: IEP Blank **Grade:** 02 **DOB:** 10/25/2012 **LASID#:** 123123123123 **SASID#:** _____

School Name: Florence Sawyer School, 100 Mechanic Street, Bolton, MA 01740

Parent Input

We strongly encourage you to share your knowledge of this student with us. If you choose, please provide a written statement (use back of form) or call the indicated contact person. Thank you.

-

What is the primary language of your home? _____

What language does your child speak? _____

Do you need an interpreter? Yes No Do you need documents translated? Yes No

If yes, What language? _____

Signature of Parent, Guardian, Educational Surrogate Parent or Student 18 and over* _____ Date _____
*Required signature once a student reaches 18 unless there is a court appointed guardian

- Initial** **Reevaluation**
 Other:

Notice Date: 01/01/2021

Type of Assessments: A variety of assessment tools and strategies should be used to gather information that determines the educational needs of this student. (Check yes or no for each assessment.)	Recommended	
	Yes	No
Assessment in All Areas Related to the Suspected Disability(ies) - describes the student's performance in any area related to the child's suspected disability(ies). List recommended assessment(s):		
Assessments Name and Title		
Educational Assessment - includes the history of the student's educational progress in the general curriculum and includes current information on the student's performance.	<input type="checkbox"/>	<input type="checkbox"/>
Observation of the Student - includes the student's interaction in the student's classroom environment or in a child's natural environment or an early intervention program.	<input type="checkbox"/>	<input type="checkbox"/>
Health Assessment - details any medical problems or constraints that may affect the student's education.	<input type="checkbox"/>	<input type="checkbox"/>
Psychological Assessment - describes the student's learning capacity and learning style in relationship to social/emotional development and skills.	<input type="checkbox"/>	<input type="checkbox"/>
Home Assessment - details any pertinent family history and home situations that may affect the student's education and, with written consent, may include a home visit.	<input type="checkbox"/>	<input type="checkbox"/>

Parent Response Section

Please indicate your response by checking at least one (1) box and returning a signed copy to the school district. Please keep one copy for your records. Thank you.

- I accept the proposed evaluation in full. I reject the proposed evaluation in full.
 I accept the proposed evaluation in part and request that only the assessments listed below be completed:

Nashoba Regional School District
Evaluation Consent Form
Attachment to N 1

Student: IEP Blank **Grade:** 02 **DOB:** 10/25/2012 **LASID#:** 123123123123 **SASID#:** _____

School Name: Florence Sawyer School, 100 Mechanic Street, Bolton, MA 01740

I additionally request the following assessment(s):

- assessment(s) listed above _____
- other assessments:(specify) _____

- I request access to all summaries of assessment reports at least two days in advance of the Team discussion.
[603 CMR 28.04(2)(c)]

Signature of Parent, Guardian, Educational Surrogate Parent or Student 18 and over* _____
Date
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Parent Input

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