

**STATE SELPA IEP
PRIOR WRITTEN NOTICE - INITIAL ASSESSMENT**

Student Name _____

Date of Birth ___/___/_____

IEP Date ___/___/_____

The following were used as a basis for the proposed assessment

- Evaluation procedure(s) _____
- Assessments, including any recent assessments and available independent assessments _____
- Record(s) _____
- Report(s) _____

The following alternatives to an assessment were considered and rejected _____

The above alternatives were rejected for the following reasons _____

The following is a description of other factors that are relevant to the district's proposal for an assessment _____

Assessments will be conducted by qualified staff and, when appropriate, utilizing qualified interpreters. You will be asked to participate in a meeting of the Individualized Education Program (IEP) team following completion of the assessment. All information and assessment results will be kept confidential. No special education services will be provided to your child without your written consent.

Please return this assessment plan within 15 calendar days of receiving it.

Parents/Guardians have protections under state and federal procedural safeguard provisions. Please refer to the enclosed NOTICE OF PROCEDURAL SAFEGUARDS for an explanation of these rights. If you would like further information about your rights or the proposed action and/or referral please contact:

Print Name of Contact	Position	Phone	E-mail Address
_____	_____	_____	_____