## **OHIO PRIOR WRITTEN NOTICE TO PARENTS**

Mapping Document – 11/16/09

| PF                      | R-01 PRIOR WRITTEN NOTICE TO PARENTS  |
|-------------------------|---|
|                         | CHILD'S INFORMATION   |
| 1                       | VAME: DATE OF BIRTH: 3 DATE OF NOTICE: 4  |
|                         | ent Name  |
|                         | dress Line 1<br>dress Line 2 (Suppress if Null)   |
|                         | y, State Zip  |
| De                      | ar John & Josephine Parent:   |
| Thi                     | s is to notify you of the district's action: regarding Sally Student's educational program.                 |
|                         | Type of action taken:   |
|                         | Proposes to initiate an initial evaluation  |
| V                       | Refusal to initiate an evaluation   |
| 1<br>1<br>1<br>1        | Expedited evaluation<br>Change of placement   |
| $\overline{\mathbf{A}}$ | Change of placement for disciplinary reasons  |
|                         | Proposes to change the identification, evaluation or educational placement of the                           |
|                         | child or provision of FAPE  |
| V                       | Refusal to change the identification, evaluation or educational placement of the child or provision of FAPE |
| $\checkmark$            | Reevaluation  |
| $\mathbf{\nabla}$       | IEP issues/meetings where the parent(s) disagree with the district  |
| $\mathbf{\nabla}$       | Revocation of Consent   |
| $\overline{\mathbf{A}}$ | Due process hearing, or an expedited due process hearing, initiated by the district                         |
| 1<br>I<br>I             | Graduation from high school<br>Exiting high school due to exceeding the age eligibility for FAPE            |
| 1<br>I                  | Other   |
| _                       | Type of action other text box data entry.   |
| _ 2. /                  | A description of the action proposed or refused by the school district:                                     |
|                         | Rich text box   |

Rich text box

7

4. A description of other options that the IEP team considered and the reasons why those options were rejected:

| 8  |   | Rich text box   |
|----|---|---|
|    |   | . A description of each evaluation procedure, assessment, record or report the school district sed as a basis for the proposed or refused action: |
| 9  |   | Rich text box   |
|    | 6 | . A description of other factors that are relevant to the school district's proposal or refusal:  |
| 10 |   | Rich text box   |
|    |   |   |

## **PROVISION OF PROCEDURAL SAFEGUARDS**

14

As a parent of a child with a suspected or identified disability, you have procedural safeguard protection under the Individuals with Disabilities Education Improvement Act (IDEIA) of 2004. Upon initial referral for an evaluation or parent request for an evaluation, **You will be given a copy of your procedural safeguards once per year**. In addition, you will also be given a copy of the procedural safeguards upon when you request a copy, when your child is referred for their first evaluation, when you request an evaluation for your child, when you file a formal written complaint or request a upon receipt of the first state complaint under 34 C.F.R. S300.151-300.153 and upon receipt of the first due process hearing and under 34 C.F.R. S300.507 in a school year and in accordance with the discipline procedures in 34 C.F.R. S300.530 (h).

If you have any questions about the action(s) described in this form, your rights as described in the Procedural Safeguards Notice, other related concerns, or you wish to obtain a copy of the Procedural Safeguards notice, please contact the following:

| Plaged contact i  |                |                    |               | +++              |  |          |
|-------------------|----------------|--------------------|---------------|------------------|--|----------|
| FIEASE CONTACT    |                |                    |               |                  |  |          |
| at Phone #:       | <del>11a</del> | if                 | you have ar   | <del>ıy qu</del> | estions about the action(s) described above  | <u>,</u> |
| vour rights as d  | escrib         | ed in the <b>I</b> | Procedural S  | afeai            | uards Notice, or other related concerns. You |          |
| your righte, ao a | 000110         |                    | rooodarar o   | aloge            |  | 4        |
| may also obtain   | a con          | v of the pr        | ocodural safe | adua             | rds notice from the following:               |          |
| may also obtain   | u cop          | y or the pr        | occurar san   | egua             | rds houce iron the following.                |          |

| Name:                                   | 12   | Title:                                |  |  |
|---|------|---------------------------------------|--|--|
| Address:                                |      |                                       |  |  |
| City, State, Zip Co                     | ode: |                                       |  |  |
| Telephone:                              |      | E-mail:                               |  |  |
| School District:                        |      | · · · · · · · · · · · · · · · · · · · |  |  |
|   | 13   |                                       |  |  |
| Enclosure: Procedural Safeguards Notice |      |                                       |  |  |

PR-01 - PRIOR WRITTEN NOTICE FOR PARENTS FORM REVISED BY ODE: MAY 28, 2009

|                              | <b>IEPplus – OHIO Written Notice of Proposed/Refused Action</b><br>11/16/09  |  |  |  |  |  |
|------------------------------|--|--|--|--|--|--|
| 1                            | IEPplus Data fields  | Additional Instructions  |  |  |  |  |
|                              |  | Create form upon selecting New   |  |  |  |  |
|                              |  | - Lock/finalize this form  |  |  |  |  |
|                              |  | - File Attachments   |  |  |  |  |
|                              | Parent/Guardian Salutation,  | REPORT: Fit window envelope  |  |  |  |  |
|                              | Address information  | - Addresses Tab = Mail   |  |  |  |  |
|                              | - Basic Information, Contact,  | - Mail Attention Line, if blank use  |  |  |  |  |
|                              | Type = Parent/Guardian,  | Contact Name fields  |  |  |  |  |
|                              | Surrogate Parent   | h their other forms  |  |  |  |  |
|                              | <ul> <li>11/16/09: State updated format to match their other forms.</li> <li>Removed existing letterhead, report header 1&amp;2, logo to match ED Forms</li> </ul> |  |  |  |  |  |
|                              | - Changed order of a few Types of  | Action   |  |  |  |  |
|                              | <ul> <li>New type of Action = Revocation</li> </ul>  |  |  |  |  |  |
|                              | <ul> <li>Some wording changes and remo<br/>Subsequent Pages</li> </ul>   | Same as IEP Header each Page: Student  |  |  |  |  |
|                              | Subsequent rayes   | Name (First MI Last, Qualifier, ID, DOB)   |  |  |  |  |
|                              | Report Footer: Every Page  | PR-01 – PRIOR WRITTEN NOTICE FOR   |  |  |  |  |
| L                            |  | PARENTS FROM ODE: MAY 28, 2009   |  |  |  |  |
| 1                            | District Name  | Maintenance, Manage Letterhead,  |  |  |  |  |
| 2                            |  | System or User Default   |  |  |  |  |
| 2                            | Student's Full Name  | Basic Information, Demographics<br>(First Middle Last, Qualifier)                            |  |  |  |  |
| 3                            | Date of Birth  | Basic Information, Demographics,<br>DOB Field  |  |  |  |  |
| 4                            | Date   | Today's date, user able to modify  |  |  |  |  |
| 5                            | Type Of Action   | Check Boxes & Other: Text box: User  |  |  |  |  |
| -                            | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  | to type text here.   |  |  |  |  |
|                              |  | - Question/Answers:  |  |  |  |  |
|                              |  | PriorWrittenNotice, OH_PWN, Action   |  |  |  |  |
|                              |  | Taken  |  |  |  |  |
| 6-10                         | Questions 2-6  | Rich Text Boxes (5) for data entry   |  |  |  |  |
| <mark>11 &amp;</mark><br>11a | Procedure Safeguard Contact:<br>Name, Title & Phone Number   | System or User Default, Letterhead   |  |  |  |  |
| 12                           | Copy Procedure Safeguard:  | Manage Letterhead, Staff/Enclosure, Type   |  |  |  |  |
|                              | Name, Title  | = Procedure Safeguard Copy   |  |  |  |  |
|                              | ,  | Lines 1, 2, 3, 4, 5, 6   |  |  |  |  |
|                              |  | - enable users to change autofilled text or  |  |  |  |  |
|                              |  | manually type in text box.<br>- Name   |  |  |  |  |
|                              |  | - Title  |  |  |  |  |
|                              |  | - Address  |  |  |  |  |
|                              |  | - City, State, Zip   |  |  |  |  |
|                              |  | - Phone  |  |  |  |  |
|                              |  | - Email  |  |  |  |  |
| 13                           | School District  | System or User Default, Organization   |  |  |  |  |
|                              |  | <ul> <li>enable users to change autofilled text or<br/>manually type in text box.</li> </ul> |  |  |  |  |
| 14                           | Enclosure  | Manage Letterhead, Staff/type enclosure,   |  |  |  |  |
|                              |  | Prior Notice Enclsoure = cc: procedure   |  |  |  |  |
|                              |  | Safeguard notice   |  |  |  |  |

| Ohio – Prior Wirtten Notice<br>Q&A's – Form ID# |                    |            |                      |           |  |
|---|--------------------|------------|----------------------|-----------|--|
| Field   | QU_Area            | QU_Section | QU_Subsection        | FAW_Notes |  |
| 5   | PriorWrittenNotice | OH_PWN     | Action Taken         |           |  |
| 6   | PriorWrittenNotice | OH_PWN     | Action Description   |           |  |
| 7   | PriorWrittenNotice | OH_PWN     | Why Action Taken     |           |  |
| 8   | PriorWrittenNotice | OH_PWN     | OtherOption          |           |  |
| 9   | PriorWrittenNotice | OH_PWN     | ProcedureDescription |           |  |
| 10  | PriorWrittenNotice | OH_PWN     | OtherFactors         |           |  |
| 12  | PriorWrittenNotice | OH_PWN     | InformationContact   |           |  |

C:\Documents and Settings\holly.lupo\Desktop\States\OH\OH\_PWN\_MappingDoc\_052809.doc