

PR-01 PRIOR WRITTEN NOTICE TO PARENTS

COLUMBUS CITY SCHOOLS

CHILD'S INFORMATION

NAME: _____ DATE OF BIRTH: _____ DATE OF NOTICE: _____

This is to notify you of the district's action:

TYPE OF ACTION TAKEN

- Proposes to initiate an initial evaluation
- Refusal to initiate an evaluation
- Expedited evaluation
- Change of placement
- Change of placement for disciplinary reasons
- Proposes to change the identification, evaluation or educational placement of the child or provision of FAPE
- Refusal to change the identification, evaluation or educational placement of the child or provision of FAPE
- Reevaluation
- IEP issues/meetings where parent(s) disagree with the district
- Revocation of Consent
- Due process hearing, or an expedited due process hearing, initiated by the district
- Graduation from high school
- Exiting from high school due to exceeding the age eligibility for FAPE
- Other- _____

1. A description of the action proposed or refused by the school district:

The district refuses to initiate an initial evaluation of **STUDENT** at this time.

2. An explanation of why the school district proposes or refuses to take the action:

Based on the information provided by **STUDENT'S** parent on the Early Childhood Education Concerns Form, **STUDENT** is not suspected of having an educational disability at this time. Specifically, **SUMMARIZE INFORMATION SHARED THAT LED YOU TO NOT REFER TO PIAT – BE SPECIFIC.**

IF YOU ARE RECOMMENDING ENROLLMENT IN GEN ED PREK OR HEAD START:

Although an educational disability is not suspected at this time, **STUDENT** will likely benefit from exposure to typical peers in a language rich environment. Parents are encouraged to enroll **STUDENT** in a general education preschool or head start setting. Links for information on each of those are below:

General Education Preschool - <https://www.ccsdoh.us/domain/209>

Head Start - <https://www.cdcheadstart.org/centers-partnership/>

IF YOU ARE RECOMMENDING INTERVENTIONS

STUDENT will likely benefit from extra practice and exposure in the area of **DEVELOPMENTAL SKILL**. Interventions that can be done at home to target this have been provided to the parent.

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

The option to suspect an educational disability was rejected at this time based on parent report of **STUDENT'S** developmental skill abilities.

4. A description of each evaluation procedure, assessment, record or report the school district used as a basis for the proposed or refused action:

Parent Input

(PUT IN OUTSIDE EVALUATION HERE IF ONE IS PROVIDED)

5. A description of other factors that are relevant to the school district's proposal or refusal:

If after 3-6 months, parent has continued concerns regarding **STUDENT'S** development despite interventions and/or attendance at a general education prek or Head Start, please refer **STUDENT** back to the Early Childhood Education team for review by completing an updated Concerns Form (linked below) or calling 614-365-5225.

ECE Concerns Form:

https://docs.google.com/forms/d/e/1FAIpQLSeXe50AsTWHqtlC4KXZ3r5ZegkMoYOA7ZxU6fdD5FQr3jJnQQ/viewform?usp=sf_link

A copy of the Ohio Department of Education's Guide to Parent Rights in Special Education is being provided to the parent along with this notice.

PROVISION OF PROCEDURAL SAFEGUARDS

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. **You will be given a copy of your procedural safeguards once per year.** In addition you will be given a copy of your procedural safeguards 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 due process hearing and in accordance with the discipline procedures in 34 CFR 300.530 (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.

Name: _____

Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ E-mail: _____

School District: _____