



## Written Notice

Maine Unified Special Education Regulations (MUSER) Appendix I, 34 CFR 300.503

Date Sent to Parent:			SAU:	
Child's Name:			School:	
Date of Birth:		Grade :	School Phone:	
Parent/Guardian Name:			School Address:	
Parent/Guardian Address:			City, State Zip:	
Parent/Guardian City, State Zip:			School Contact:	

Date of Team Meeting:		Date amended IEP/IFSP sent, if parent requested a copy:	
Date of agreement for amendment without Team meeting:			

**Written Notice must be given in accordance with MUSER Appendix 1, 34 CFR 300.503 for:**

- ☐ Initial referral/eligibility(MUSER IV.2.D)
- ☐ Annual review and other IEP program/placement changes including graduation and revocation of consent for continued placement(MUSER XV)
- ☐ IFSP annual or 6 month review (MUSER VI.1.B.)
- ☐ Evaluation/re-evaluation (MUSER V.1.A (4)(i) & V.3.D.)
- ☐ Post-secondary goals and transition services(MUSER IX.3.A(1)(h))
- ☐ Transfer student(MUSER IX.3.B(5)(a)(i)and (ii))
- ☐ CDS/public school transition(MUSER VI.2.C(2))
- ☐ Transition from Part C to Part B(MUSER VI.2.C(1))
- ☐ Consent for Initial Placement(MUSER V.1.A(4)(a)(ii))
- ☐ Amendments after the annual IEP meeting(MUSER IX.3.C(4))
- ☐ Other (e.g., MUSER IX.1.B or MUSER IX.3.D(1)(a))

**[Reminder:** per LD 489, the Individualized Education Program (IEP) Team for children identified under 619 must make a determination about extended school year (ESY) services at every IEP Team meeting; the IEP Team may make a determination about ESY services based on available data, including information

about a child's disability, even if an interruption in service has not occurred; and, in accordance with the federal Individuals with Disabilities Education Act of 2004, 20 United States Code, sections 1400 to 1485 (2008), a regional site may not unilaterally limit the duration of ESY services.]

Dear ,

At least 7 days prior to the date upon which the school unit proposes or refuses to initiate or change the identification, evaluation or educational placement or provision of early intervention services for your child age birth to 2 years, or a free appropriate public education (FAPE) to your child age 3 through 20 years, you must be provided the following notice (MUSER Appendix 1, 34 CFR 300.503):

- 1. Describe the action(s) regarding the referral, evaluation, identification, programming or placement proposed or refused by the SAU:**
- 2. Explain why the SAU is proposing or refusing to take the above action(s):**
- 3. Describe each evaluation procedure, assessment, record or report the SAU used as a basis for the proposed or refused action(s):**
- 4. Describe any other options that the Team, which includes the parent, considered and the reasons why those options were rejected:**
- 5. Describe any other factors that are relevant to the SAU's proposed or refused action(s) described above:**
- 6. Description of the points made by the parent including the parent's description of their child's progress:**

As parents of a child with a disability or (suspected disability) you have protections under the procedural safeguards of the MUSER. For initial referrals, a copy of those safeguards is enclosed. For reasons other than initial referrals, 34CFR 300.504 describes circumstances when you are required to be given a copy.

Sources for parents to contact to obtain assistance in understanding the provisions described in the procedural safeguards or how to obtain a description of the procedural safeguards are (the SAU), the Due Process office of the Maine Department of Education ((207) 624-6644)), <http://maine.gov/doe/specialed> Maine Parent Federation (1-800-870-7746), the Disability Rights Maine (1-800-452-1948) and Southern Maine Parent Awareness (207-324-7955) or KIDSLEGAL (1-866-624-7787). Team members attending Team meeting or informed of the changes to the plan as defined in MUSER IX.3.C(4) & (6) and MUSER IX.3.C(4).

Child's Name:

Date:

Name and Position	Date
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	

**Only needed for initial provision of services**

Parental signature for consent for **initial** provision of special education and when appropriate, related services, as stated above (this signature is needed for initial provision of special education and related services only).

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Enclosures may be included within this document and recorded below:**

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