Notice of Local Educational Agency Decision	
Student Name:	DOB:/
School District:	Case Manager:
Dear	:
This letter is to provide you with written notice that the proposes OR has decided not to impleme	
the following action(s) in regards to: the special education evaluation of a child or s the identification of a child or student as havin the educational placement of a student or child the provision of a Free Appropriate Public Edu	g a disability with a disability
The following is an explanation as to why the school di	strict proposes or declines to take action:
The evaluation procedures, tests, records, reports and or	ther factors upon which this decision was based were:
Other options, if any, that the district considered and re	asons why those options were not chosen:
Other factors, if any, that are relevant to this action:	
The effective date of this proposal or decision will be/	
Procedural Safeguards To Protect Parent Rights Both the state and federal laws concerning special education Receiving notices about the proposed actions or decisions the a part of the educational planning team for your child with a These laws also require that the school follow certain proced opportunity to exercise those rights. You received a copy of t them carefully and, if you have any questions regarding your	e school wishes to take in regards to your child and your being disability are examples of rights given to you by these laws.  ares to make sure you know your rights and have the hese rights when your child was referred. You should read
	by phone at
or write to this person at:	
Sincerely, Signature:	
Printed Name/Position:	
	Form 7

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