

**STATE SELPA IEP TEMPLATE
ASSESSMENT PLAN**

CHAPTER 16

Prior Written Notice for Initial Assessment

Student Name: _____

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.

Included with this assessment plan is a copy of the Special Education Rights of Parents and Children that describes procedural safeguards available to you.

If you have any questions about the proposed assessment or the procedural safeguards available to you, then please call:

Name and position: _____ Phone number: _____

Date Received: ____/____/____