Student _________________________________________

Date ______________________    School ____________________Grade ______________

To: ______________________________

Complete one of the following:

_________ has been referred for: □ an initial evaluation or, □ a re-evaluation.

OR

On ________________, an IEP Team meeting was held to discuss a change in your child’s education. The
following information is presented to you as the notice of the results from this meeting.

The school district:

_____ Proposes to initiate or change areas checked below; AND/OR

_____ Refuses to initiate or change areas checked below.

Actions were proposed in the following areas:

_____ Identification/ Eligibility

_____ Evaluation/Re-Evaluation

_____ Review/revise Individualized Education Program (IEP) (Provision of FAPE)

_____ Educational Placement (includes change in educational placement, graduation and termination of
    eligibility)

_____ Other

1. Description of the action proposed or refused by the school system: ____________________________________
   __________________________________________________________________________________________
   __________________________________________________________________________________________

2. Explanation of why the school system proposes or refuses to take this action:__________________________
   __________________________________________________________________________________________
   __________________________________________________________________________________________

3. Description of any options the school district considered prior to this proposal: _________________________
   __________________________________________________________________________________________
   __________________________________________________________________________________________

4. Reasons the above listed options were rejected: __________________________________________________
   __________________________________________________________________________________________
   __________________________________________________________________________________________

5. Description of evaluation procedures, tests, records, or reports the school district used as a basis for the proposal
   or refusal: ______________________________________________________________________________
   __________________________________________________________________________________________

6. Other factors relevant to the action proposed are:________________________________________________
   __________________________________________________________________________________________
   __________________________________________________________________________________________

As parents of a child with a disability, you are entitled to certain procedural safeguards as outlined in the enclosed brochure
entitled Rights of Children with Disabilities and Parent Responsibilities. Your rights include the right to request a Due
Process Hearing or to request mediation if you disagree with the services planned for your child.

If you have any questions about the information provided, please call ______________ at ______________.
We will be glad to answer any questions that you may have concerning the special education services proposed for your
child.

If you disagree with this decision or need additional information concerning your rights, you may contact the Tennessee
Department of Education 615-741-2851 (phone) or 615-532-9412 (fax) or your Regional Resource Center.

________________________________________________________________________________________

If the parent was not present at this IEP meeting, a completed Individual Education Program (IEP) for this student must
accompany this form.