

SONOMA COUNTY SELPA

Children with Disabilities Enrolled By Their Parents in Private School Notification of Parental Intent

Student's name: _____ DOB: _____

District of Residence: _____ Private School of Attendance: _____

Check one of the following boxes:

Initial Assessment

I have an interest in enrolling my child in a public placement. I received my Parental Rights and Procedural Safeguards for Special Education. The Evaluation Plan you provided is signed and enclosed. Please contact me to schedule the Evaluation and Individualized Education Program (IEP) team meeting to develop an IEP for my child.

Three-Year Re-Evaluation

I have no interest in enrolling my child in a public placement. I intend to maintain my child's enrollment in private school. I understand that my district of residence continues to make a free appropriate public education available to my child.

If you checked this option, please check one of the following boxes:

- The SELPA indicates that a Three-Year Re-Evaluation **is** necessary. I agree. I hereby request an Evaluation to determine whether my child continues to be eligible for special education and related services. I received my Parental Rights and Procedural Safeguards for Special Education. The Evaluation Plan you provided is signed and enclosed. Please contact me to schedule the Evaluation.
- The SELPA indicates that a Three-Year Re-Evaluation **is** necessary. However, I **hereby** decline an Evaluation to determine whether my child continues to be eligible for special education and related services. I understand that my child will not receive services pursuant to a SELPA Service Private Plan.
- The SELPA indicates that a Three-Year Re-Evaluation **is not** necessary. I agree. I hereby decline an Evaluation to determine whether my child continues to be eligible for special education and related services.
- The SELPA indicates that a Three-Year Re-Evaluation **is not** necessary. I disagree. I hereby request an Evaluation to determine whether my child continues to be eligible for special education and related services. Please contact me to propose an Evaluation Plan.

Check one of the following boxes:

- My child has a Private Service Plan. I consent to my child's continued receipt of services pursuant to his/her Private Service Plan.
- My child has a Private Service Plan. I decline my child's continued receipt of services pursuant to his/her Private Service Plan.
- My child does not have a Private Service Plan. Please contact me to schedule a meeting to develop a Private Service Plan, if appropriate, for my child.
- My child does not have a Private Service Plan. I do not want to schedule a meeting to develop a SELPA Service Plan at this time.

Parent Print Name _____ Parent Signature _____

Daytime Phone _____ Evening Phone _____ Date _____