

	<b>Notice of Proposed Screening: IDEA Part B Preschool Special Education</b>
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Child's Name: \_\_\_\_\_ ID: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ DOB: \_\_\_\_\_

**Dear:** \_\_\_\_\_

Your informed consent is required before the District may proceed with a screening to determine if an evaluation to determine eligibility for Special Education Services under Part B of the Individuals with Disabilities Education Act (IDEA) is warranted. Your consent is voluntary and may be revoked at any time. Any revocation of consent will not be retroactive.

Please review the proposed screening below and provide consent by signing and returning the attached form. Providing consent for screening is not providing consent for an evaluation nor the provision of special education and related services.

1. Reasons that the district is proposing to screen your child:
  
  
  
  
  
  
  
  
  
  
2. Each evaluation, procedure, assessment, record, or report the school district used as a basis to propose or refuse the action includes the following:
  
  
  
  
  
  
  
  
  
  
3. Other options that the Individualized Education Program (IEP) Team considered and the reasons why those options were rejected:
  
  
  
  
  
  
  
  
  
  
4. Other factors relevant to the school district's proposal or refusal:

Area	Materials & Procedures	Personnel

The screening will be conducted at \_\_\_\_\_ and is provided at no cost to you.

When a district proposes or refuses to initiate or change the evaluation, identification or educational placement of your child, the district must serve written notice to you before the changes go into effect.

- If your child is already receiving special education services, the district will proceed with the proposal for your child’s placement or provision of special education services unless you object in writing within 14 calendar days of the date the district send this notice to you.
- If the district is proposing an initial evaluation, initial placement or provision of special education services, it will not proceed with the written consent of the parent.
- If you object to this notice, you may request a conciliation conference or another dispute resolution procedure to resolve the disagreement.
- The district may not override a parents written refusal to consent for an initial evaluation or reevaluation

You are protected by procedural safeguards of the Individuals with Disabilities Education Act. You can get a copy of the procedural safeguards by contacting:

\_\_\_\_\_

Name	Position	Telephone
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Here are some agencies that may help you in understanding your rights and your child's rights under state and federal special education law:

ARC MN (Advocacy for Persons with Developmental Disabilities): 651-523-0823, 1-800-582-5256 or on the web at: [www.thearcofminnesota.org](http://www.thearcofminnesota.org)

MN Department of Education: 651-582-8689, TTY: 651-582-8201, or on the web at: <http://education.state.mn.us>

MN Disability Law Center: 612-332-1441, 1-800-292-4150, TTY: 612-332-4668, or on the web at: [www.mndlc.org](http://www.mndlc.org)

PACER (Parent Advocacy Coalition for Education Rights): 952-838-9000, 1-800-53-PACER, TTY: 952-838-0190 or on the web at: [www.pacer.org](http://www.pacer.org)

The statute of limitations for bringing claims under the Individuals with Disabilities Act is two years.

**District use only:**  
Date Form Given or  
Mailed to Parent: \_\_\_\_\_

	<b>Parental Consent/Objection: ECSE Screening IDEA Part B</b>
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This form pertains to the Prior Written Notice dated: \_\_\_\_\_

Student Name: \_\_\_\_\_ ID: \_\_\_\_\_ Date: \_\_\_\_\_  
 School: \_\_\_\_\_ DOB: \_\_\_\_\_

Dear: \_\_\_\_\_

The district cannot proceed to screen your child without your written consent.

Please check one of the options below, sign and date this form, and return one copy of this page.

I agree with the proposal to conduct a screening to determine if further evaluation to determine if my child is eligible for and needs Special Education services under Part B of the Individuals with Disabilities Education Act (IDEA) is warranted, and I give permission to the school district to proceed

I do not agree with the proposal, and I do not give permission for the school to proceed.

If you object to a proposal, the school will contact you to offer a conciliation conference, mediation, facilitated IEP team meeting, or other alternative to a due process hearing. You (or the school) may request a due process hearing in order to resolve the disagreement.

\_\_\_\_\_  
 Parent signature Date

Return this form to:

\_\_\_\_\_  
 Name Position Phone  
 \_\_\_\_\_  
 Address City State Zip

<b>District use only:</b> Date received by district: _____
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