

**ORANGE TOWNSHIP PUBLIC SCHOOLS
DEPARTMENT OF SPECIAL SERVICES**

451 Lincoln Avenue Orange, New Jersey 07050 (973)-677-4027 fax (973)-677-4035

Barbara L. Clark, Director

Thomas N. Kennedy, Supervisor

**PARENTAL NOTICE FOLLOWING IEP ANNUAL REVIEW
WHEN THE IEP IS NOT USED AS A NOTICE**

Student's Name: _____

Date: _____

Address: _____

Student's School: _____

Dear _____ :

The purpose of this letter is to notify you that your child's IEP team, of which you are a member, met on _____ for the purpose of developing an individualized education program (IEP) to provide special education and related services to your child. The district proposes the following for your child based on the results of the evaluation conducted and the determinations of the IEP team.

Program with appropriate supports, modifications, and accommodations:

Your child will receive the following special education program as described in the IEP:

Related Services:

Your child will receive the following related services as described in the IEP:

Placement:

Your child will be placed in the following setting in accordance with the IEP:

The following is a description of any other options discussed (when other options were considered) and the reasons why they were rejected:

Program:

Related Services:

Placement:

The IEP proposed in this notice will become effective 15 days after you receive the notice unless you initiate mediation or a due process hearing to dispute the program. You have the right to consider this proposal for 15 days. Your written consent is not required in order for the district to proceed. However, you may agree to an earlier implementation of services by signing below.

PROCEDURAL SAFEGUARDS STATEMENT

As the parent of a student, or as an adult student, who may have disabilities, you have rights regarding the identification, evaluation, classification, the development of an IEP, placement, and the provision of a free, appropriate public education under the New Jersey Administrative Code for Special Education, N.J.A.C. 6A: 14. A description of these rights, which are called procedural safeguards, is contained in the document, *Parental Rights in Special Education (PRISE)*. This document is published by the New Jersey Department of Education.

A copy of *PRISE* is provided to you upon referral for an initial evaluation, upon each notification of an IEP meeting, upon reevaluation, and when a due process hearing is requested. In addition you may request a copy by contacting _____ Student Services at _____.

For help in understanding your rights, you may contact any of the following:

- ☐ Director of Student Services or other as appropriate at _____ insert phone number.
- ☐ Statewide Parent Advocacy Network (SPAN) at 1(800) 654-7726
- ☐ New Jersey Protection and Advocacy, Inc. at 1(800) 922-7233
- ☐ The New Jersey Department of Education through the _____ County Office, County Supervisor of Child Study, _____ insert phone number.

Sincerely,

Case Manager

Student's Name: _____

PARENTAL CONSENT FORM

The IEP proposed in this notice will become effective 15 days after you receive the notice unless you initiate mediation or a due process hearing to dispute the program. You have the right to consider this proposal for 15 days. Your written consent is not required in order for the district to proceed. However, you may agree to an earlier implementation of services by signing below.

I agree to immediate implementation of the proposed IEP for my child.

Parent/Guardian Signature

Date

Please return signed consent form to: _____