

# HALF HOLLOW HILLS CENTRAL SCHOOL DISTRICT

OF HUNTINGTON AND BABYLON

ALLISON STRAND  
Executive Director of Special Education

April 1, 2011

Dear District Residents:

Re: Parents Who Place Their Children in Nonpublic Schools

This letter provides information for you to be aware of if you are a resident of this school district and you have placed, or are considering placing, your child **who has a disability** or is suspected of having a disability in a nonpublic school for which you would be paying tuition. The federal Individuals with Disabilities Education Act (IDEA) and State law require the school district **where the nonpublic school is located** to assume responsibility to provide special education services for your child. The following information is important for you to know:

- **If you place your child in a nonpublic school and wish your child to receive special education services while enrolled in that school, you must request those services in writing to us (i.e., the school district where you legally reside) no later than June 1 before the school year in which services are to be provided.** If your child is first identified as a student with a disability after June 1 and before April 1 of the current school year, you may submit your request within 30 days after your child is first identified.
- Transportation requests to and from your child's home to the nonpublic school should continue to be submitted to us (i.e., the school district where you legally reside) by April 1 of the school year before transportation is to be provided in accordance with district policy.
- If you have placed your child in a nonpublic school and, while the child is enrolled in that school, you suspect that your child has a disability and you wish to have your child evaluated to determine if special education services are needed, you must contact the school district where the nonpublic school is located to request an evaluation to determine your child's eligibility for special education services.
- In order for us to share special education information about your child with the school district where the nonpublic school is located, we must have your written consent.
- If the nonpublic school where you place your child is located within the geographic boundaries of another public school district, the public school district in which the nonpublic school is located will arrange for and provide the recommended services for your child, including conducting special education individual evaluations, Committee on Special Education (CSE) meetings and developing an individualized education services program (IESP). An IESP must be developed in the same manner and with the same contents as an individualized education program (IEP). It is called an IESP to distinguish it from the IEP that would be developed if your child were reenrolled in our public school district.
- If the nonpublic school where you place your child is located within the geographic boundaries of our public school district, we will continue to provide special education services to your child, pursuant to an IESP.



- If the nonpublic school where you place your child is located in another state, your child may not be entitled to any or all of the special education services he/she might have received if enrolled in a public school. In this case, you must contact the school district in the other State where the school is located and they must determine your child's eligibility for services and develop a Services Plan, which will indicate the services to which you are entitled.
- If you have a dispute regarding special education evaluations or services provided for your child by the school district where the nonpublic school is located, you should pursue resolution of these disputes with that school district.

Previously you have received a Procedural Safeguards Notice that explains your rights regarding the special education process, but if you need an additional copy, please contact our office.

**Please submit to us:**

- **Parent Nonpublic School Acknowledgement/Consent Form**
- **Consent to Release Information and School Records Form**

**In order for your child to receive special education services while enrolled in a non-public school, you must return these forms to us (i.e., the school district where you legally reside) no later than June 1 before the school year in which services are to be provided.**

Please return forms to: Half Hollow Hills Central School District  
Office of Pupil Personnel  
525 Half Hollow Road  
Dix Hills, NY 11746

If you have any questions regarding these requirements, please do not hesitate to call.

Sincerely,

Mrs. Allison Strand  
Executive Director of Special Education

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**Half Hollow Hills Central School District  
Committee on Special Education  
525 Half Hollow Road  
Dix Hills, NY 11746  
631-592-3063**

Parent Nonpublic School Placement Acknowledgment/Consent Form

For the upcoming 2011-2012 school year, I have elected to place my child in a nonpublic school, at my own expense, as indicated below:

STUDENT NAME: \_\_\_\_\_

NONPUBLIC SCHOOL: \_\_\_\_\_

SCHOOL ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

SCHOOL TELEPHONE: \_\_\_\_\_

***NAME OF SCHOOL DISTRICT WHERE THE NONPUBLIC SCHOOL IS LOCATED:***

\_\_\_\_\_

In order to plan for your child, please indicate your decision below with your signature and return it to our office as soon as possible.

- ☐ I do not wish to discuss or arrange for special education services at this time. I am aware that if I do not wish to discuss or arrange for special education services at this time, this will in no way relinquish my child's right to receive a free appropriate public education in the future.
- ☐ I wish to discuss and arrange for special education services, as the nonpublic school is located within the geographic boundaries of this district. If services are provided, I give permission for the Committee on Special Education to exchange all pertinent educational information including my child's Individualized Education Services Program (IESP) with the above school. I also give permission for the Committee to observe my child at the above school and to request educational records.
- ☐ According to federal and State requirements, as the nonpublic school is not located within the geographic boundaries of this district, I understand that I must discuss and arrange for special education services with the school district where my child's nonpublic school is located. I give permission for the Committee on Special Education to exchange all pertinent educational information including my child's Individualized Education Program (IEP) or Individualized Education Services Program (IESP), with the school district in which the nonpublic school is located.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**PLEASE RETURN THIS CONSENT FORM TO US BEFORE JUNE 1<sup>ST</sup>**

**Half Hollow Hills  
Central School District**

**Informed Consent to Release Personally Identifiable Information and School Records**

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_, give my consent for the District of Residence and District of Location to release my child's personally identifiable information and/or school records for the purpose of consultation, evaluation as well as to plan for the provision of special education services in 2011-2012, where required.

Student Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Grade: \_\_\_\_\_  
Private School Attending: \_\_\_\_\_  
School District in which the Private School is Located: \_\_\_\_\_  
Student's School District of Residence: **Half Hollow Hills Central School District**

**Consultation Process**

☒ I hereby authorize the release of my child's personally identifiable student information and school records between the District of Residence and the District of Location to conduct the consultation and evaluation process.  
This parental consent authorizes the release of the following information:

- |                                                                       |                                                                       |
|-----------------------------------------------------------------------|-----------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Demographic Information           | <input checked="" type="checkbox"/> LEP/ELL Information               |
| <input checked="" type="checkbox"/> Evaluation Referral Information   | <input checked="" type="checkbox"/> Social/Behavioral Development     |
| <input checked="" type="checkbox"/> Student Background/Retention Info | <input checked="" type="checkbox"/> Physical Development              |
| <input checked="" type="checkbox"/> Attendance Information            | <input checked="" type="checkbox"/> Information on Previous Referrals |
| <input checked="" type="checkbox"/> Previous Interventions            | <input checked="" type="checkbox"/> Medical Records                   |
| <input checked="" type="checkbox"/> Academic Achievement              | <input checked="" type="checkbox"/> Other – Specify _____             |
| <input checked="" type="checkbox"/> Learning Profile                  | <input checked="" type="checkbox"/> All of the Above Records          |

**Provision of Services**

☒ I hereby authorize the release of my child's personally identifiable student information and school records between the District of Residence and the District of Location for the planning of my child's special education services for the 2011-2012 school year. This parental consent authorizes the release of the following information:

- |                                                                             |                                                                      |
|-----------------------------------------------------------------------------|----------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Demographic Information                 | <input checked="" type="checkbox"/> Medical Records                  |
| <input checked="" type="checkbox"/> Educational Evaluations                 | <input checked="" type="checkbox"/> Speech Evaluation and/or Reports |
| <input checked="" type="checkbox"/> OT and/or PT Reports                    | <input checked="" type="checkbox"/> Vision Evaluation and/or Reports |
| <input checked="" type="checkbox"/> Individual Education Plan               | <input checked="" type="checkbox"/> Other – Specify _____            |
| <input checked="" type="checkbox"/> 504 Plan                                | <input checked="" type="checkbox"/> Other – Specify _____            |
| <input checked="" type="checkbox"/> Psychological Evaluation and/or Reports | <input checked="" type="checkbox"/> Other – Specify _____            |
| <input checked="" type="checkbox"/> Social History                          | <input checked="" type="checkbox"/> All of the Above Records         |

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**PLEASE RETURN THIS CONSENT FORM BEFORE JUNE 1<sup>ST</sup>**