

NOTICE OF RECOMMENDED EDUCATIONAL PLACEMENT/PRIOR WRITTEN NOTICE (NOREP/PWN)

Child's Name _____ Date of Birth _____

*****Early Intervention

Child's Name:

Date of Birth:

Date:

Name and Address of Parent/Guardian/Surrogate:

For Use by Local Education Agency (LEA) Only
Date of Receipt of Signed NOREP/PWN

Dear

This notice summarizes recommendations for your child's preschool educational program.

1. Type of action proposed:

- A. Your child should begin to receive preschool Early Intervention and related services as shown in the Individualized Education Program (IEP). **(For this action, the preschool Early Intervention program may not proceed without your written consent in Section 8 of this document.)**
- B. Your child is not eligible for preschool Early Intervention services.
- C. Declined to initiate an evaluation (Must issue *Procedural Safeguards Notice*)
- D. Change the
 - identification,
 - evaluation
 - educational placement of the child, or
 - the provision of a free appropriate public education (FAPE)
- E. Declined to change the
 - identification,
 - evaluation
 - educational placement of the child, or
 - the provision of a free appropriate public education (FAPE)
- F. Due process hearing, or an expedited due process hearing, initiated by the Early Intervention program
- G. All Early Intervention services provided by the Early Intervention program will be discontinued by the beginning of the coming school term. At that time, the education program and services will become the responsibility of the school district. You will be provided assistance with this transition.
- H. Your child is no longer in need of Early Intervention services because (s)he has met exit criteria. We recommend current Early Intervention services be discontinued. The Early Intervention program will proceed with this change unless you notify us of your written disapproval.
- I. Services during scheduled breaks
- J. Response to request for an independent educational evaluation at public expense
- K. Other

2. A description of the action proposed or declined by the Early Intervention program:

3. An explanation of why the Early Intervention program proposed or declined to take the action:

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4. A description of other options that the IEP team considered and the reasons why those options were not chosen. If the action proposed or declined is in regards to educational placement, options considered must begin with the least restrictive environment with supplementary aids and services (information about supplementary aids and services is available on the PaTTAN website at www.pattan.net.)

Options Considered	Reason Not Chosen

5. A description of each evaluation procedure, assessment, record or report used as a basis for the proposed action or action declined:

6. A description of other factors that were relevant to the Early Intervention program's proposal or declined action:

7. The educational placement recommended for your child is: (Early Childhood Environment; Early Childhood Head Start; Early Childhood Special Education; Home; Part time-Part time; Separate School; Itinerant Services Outside the Home; Reverse Mainstream; Residential APS; Separate School APS).

Chief Executive Officer/Designee of Preschool Early Intervention Program (typed)	Signature	Date
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You have rights and protections under law that are described in a document titled *Procedural Safeguards Notice*. If you need more information or want a copy of this notice, you may contact:

Name and Title: _____ Phone: _____
 Email Address: _____

8. PARENTAL CONSENT

Directions for Parent/Guardian/Surrogate: Please check one of the options, sign this form, and return it within 10 calendar days. *

- I approve this recommendation.
- I do not approve this recommendation. ** My reason for disapproval is:

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I request: (The Early Intervention program will provide additional information on any request below for mediation or due process hearing.)

- A meeting to discuss this recommendation with the Early Intervention program
- Mediation
- Due process hearing

In addition to members of the child's IFSP/IEP team, I/we authorize the following to receive the ER/IFSP/IEP:

Name/Agency	Address	In its entirety or only certain sections?

** If you **do not** approve the recommendation(s), your child will remain in the current program/placement ONLY if you request a due process hearing or mediation using the appropriate form, which can be obtained from the Office for Dispute Resolution (ODR). Contact information for ODR is 1-800-222-3353 or ODR.pattan.net

SIGN HERE:

Parent's Signature _____ Date _____ Daytime Phone _____

* Completion of this section is REQUIRED ONLY when a parent must provide written consent in order for the LEA to proceed as proposed. In circumstances when this form is NOT completed and parent consent is NOT required, the Early Intervention program will proceed as proposed after 10 calendar days.

PLEASE RETURN THIS ENTIRE FORM TO:

Name:

Address:

Attached are local resources you can consult for additional information about the law and your rights.

For help in understanding this form, an annotated NOREP/Prior Written Notice form is available on the PaTTAN website at www.pattan.net Type "Annotated Forms" in the Search feature on the website.

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RESOURCES FOR PARENTS

PARENT EDUCATION NETWORK

2107 Industrial Highway
York, PA 17402-2223
717-600-0100 (Voice/TTY)
800-522-5827 (Voice/TTY)
800-441-5028 (Spanish in PA)
717-600-8101 (Fax)

www.parentednet.org

PARENT EDUCATION AND ADVOCACY LEADERSHIP CENTER

1119 Penn Avenue
Suite 400
Pittsburgh, PA 15222
412-281-4404 (Voice)
866-950-1040 (Voice)
412-281-4409 (TTY)
412-281-4408 (Fax)

www.pealcenter.org

HISPANICS UNITED FOR EXCEPTIONAL CHILDREN (HUNE, INC.)

202 West Cecil B. Moore Avenue
Philadelphia, PA 19122
215-425-6203 (Voice)
215-425-6204 (Fax)

www.huneinc.org

THE MENTOR PARENT PROGRAM, INC.

P. O. Box 47
Pittsfield, PA 16340
814-563-3470 (Voice)
888-447-1431 (Voice in PA)
800-855-1155 (TTY)
814-563-3445 (Fax)

www.mentorparent.org

PENNSYLVANIA BAR ASSOCIATION

100 South Street
Harrisburg, PA 17101
800-932-0311 (Phone)

www.pabar.org

DISABILITIES RIGHTS NETWORK

1414 North Cameron Street
Suite C
Harrisburg, PA 17103
800-692-7443 (Toll-Free Voice)
877-375-7139 (TDD)
717-236-8110 (Voice)
717-346-0293 (TDD)
717-236-0192

www.drnpa.org

CONNECT Information Services for Early Intervention/HELPLINE

800-682-7288
(For TTY, dial 711 for Relay Service)
Center for Schools and Communities
275 Grandview Avenue, Suite 200
Camp Hill, PA 17011

OFFICE FOR DISPUTE RESOLUTION

6340 Flank Drive
Harrisburg, PA 17112-2764
717-541-4960 (Phone)
800-222-3353 (Toll free in PA only)
TTY Users: Pa Relay 711
717-657-5983 (Fax)

ODR.pattan.net

The Office for Dispute Resolution administers the mediation and due process systems statewide, and provides training and services regarding alternative dispute resolution methods.

EARLY INTERVENTION TECHNICAL ASSISTANCE/ EITA THE PENNSYLVANIA TRAINING AND TECHNICAL ASSISTANCE NETWORK/PATTAN

Harrisburg 800-360-7282
King of Prussia 800-441-3215
Pittsburgh 800-446-5607

www.pattan.net