

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

[ANNOTATED]

Child's Name _____ Date of Birth _____

*****Early Intervention

Child's Name:

Date Sent:

Name and Address of Parent/Guardian/Surrogate:

For Use by Preschool Early
Intervention Program Only
Date of Receipt of Signed
NOREP/PWN

Dear

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

1. Type of action proposed:

- A. ☐ Our child should begin to receive preschool Early Intervention 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.**)

Check A if the child is newly identified and meets the eligibility requirements for Early Intervention services and supports. A is usually used following an initial evaluation.

- B. ☐ Your child is not eligible for Early Intervention services.

Check B if the child was evaluated but did not meet the eligibility requirements for Early Intervention services and supports.

- C. ☐ Declined to initiate an evaluation (Must issue *Procedural Safeguards Notice*)

Check C if the preschool Early Intervention program is declining to initiate an evaluation requested by a parent. In the Procedural Safeguard Notice: Highlight Section B. What is Prior Written Notice to help parents understand the contents.

- D. ☐ Change the

☐ Identification

Check here if the preschool Early Intervention program is proposing to change the child's identification as eligible or if the child's disability category has changed.

☐ Evaluation

Check here if the preschool Early Intervention program is proposing to change an evaluation report.

☐ Educational placement of the child, or

Check here if the preschool Early Intervention program is proposing to change the child's recommended placement location.

☐ The provision of a free appropriate public education (FAPE)

Check here if the preschool Early Intervention program is proposing to change the way a child's FAPE is addressed; for example, changes in the services or changes in the IEP that do not involve changes in location.

- E. ☐ Declined to change the

☐ Identification

Check here if the preschool Early Intervention program is declining to change the child's identification as eligible or if the child's disability category has changed.

☐ Evaluation

Check here if the preschool Early Intervention program is declining to change an evaluation report.

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☐ Educational placement of the child, or

Check here if the preschool Early Intervention program is declining to change the child's recommended placement location.

☐ The provision of a free appropriate public education (FAPE)

Check here if the preschool Early Intervention program is declining to change the way a child's FAPE addressed; for example, changes in the services or changes in the IEP that do not involve changes in location.

F. ☐ Due process hearing, or an expedited due process hearing, initiated by the preschool Early Intervention program

The preschool early intervention supervisor will check F if the preschool Early Intervention program is initiating a due process hearing or expedited due process hearing.

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.

Check G if the child is transitioning to school age programming.

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.

The preschool Early Intervention supervisor will check H if the child has functioned within the range of typical development for 4 months, with an IEP, and support for exiting was provided by the IEP team.

I. ☐ Services during scheduled breaks

Check I if the IEP is being changed to address services during scheduled breaks. For example, if a parent requested services during a break, regression during breaks has been demonstrated and documented, and based on a team decision; services are being planned during scheduled breaks. If the team does not agree, E above would be checked.

J. ☐ Response to request for an independent educational evaluation at public expense

Check J if the preschool Early Intervention program is responding to a request for an independent evaluation at public expense.

K. ☐ Other

Check K for situations not covered by options listed above, for example, if the parent/guardian withdrew the child.

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

Describe in detail the proposed action or the action declined by the preschool Early Intervention program as checked above.

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

Describe the reason(s) the Early Intervention program has proposed or declined the proposed action. Be specific about the reasons, citing information from the ER or the IEP.

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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 service is available on the PaTTAN website at www.pattan.net.

For IEPs regarding initial or annual placements, the educational location must be considered explicitly. The IEP team must first consider the least restrictive environment, such as the early childhood setting or the home, with the reason it was not chosen made clear.

Options Considered	Reasons Not Chosen

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

List the ER components and/or other information and activities (such as observation, parent interviews, health assessments or outside evaluations, consultation with EC teacher, etc.) that were reviewed in order to make the recommendation.

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

Describe in detail any relevant issues, factors or concerns underlying the preschool EI program's proposed action or declined action. Reminder that if an early intervention service is projected to start later than 14 days after the IEP is completed, due to family request, or family/weather related reason, a justification of the later date must be attached to the IEP.

7. The educational placement recommended for your child is:

Educational placements include: Early Childhood Environment; Early Childhood Head Start; Home, Reverse Mainstream, Part-time-Part-time, Early Childhood Special Education; Itinerant Services Outside the Home; Separate School; Separate School APS; Residential APS

EARLY CHILDHOOD ENVIRONMENT (ECE) – Children who will receive ALL (100%) of their special education and related services in educational programs designed primarily for children WITHOUT disabilities. No special education or related services are provided in separate special education settings.

EARLY CHILDHOOD – HEAD START (ECHS) – Children who will receive ALL (100%) of their special education and related services in Head Start educational programs designed primarily for children WITHOUT disabilities. No special education or related services are provided in separate special education settings.

HOME ENVIRONMENT (Home) – Children who will receive all (or most) of their special education and related services in the principal residence of the child's family or caregivers.

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REVERSE MAINSTREAM – Children who will receive all of their special education and related services in educational programs designed primarily for children WITH disabilities but that include 50 percent or more children WITHOUT disabilities.

PART-TIME / PART-TIME (PT/PT) – Children who will receive special education and related services in multiple settings, such that: (1) special education and related services are provided at home or in educational programs designed primarily for children WITHOUT disabilities, and (2) special education and related services are provided in programs designed primarily for children WITH disabilities. A child is considered to be in part-time/part-time if the child is receiving direct services in a program with typically developing children or in their own home for a minimum of at least 1 hour every other week and part-time in an ECSE program.

EARLY CHILDHOOD SPECIAL EDUCATION (ECSE) – Children who will receive ALL (100%) of their special education and related services in educational programs designed primarily for children WITH disabilities housed in regular school buildings or other community-based settings, including a partial hospitalization program (a therapeutic preschool) that is in a regular school building, child care facility, etc. No special education or related services are provided in early childhood settings

ITINERANT SERVICE OUTSIDE THE HOME – Children who will receive all of their special education and related services at a school, hospital facility on an outpatient basis, or other location for a short period of time (i.e., no more than 3 hours per week). These services may be provided individually or to a small group of children WITH disabilities.

SEPARATE (DAY) SCHOOL – Children who will receive all of their special education and related services in educational programs in public or private day schools designed specifically for children WITH disabilities.

SEPARATE (DAY) SCHOOL – APS – Children who will receive all of their special education and related services in education programs designed primarily for children WITH disabilities.

RESIDENTIAL - APS – Children who will live where they receive all of their special education and related services in education programs designed primarily for children WITH disabilities

RESIDENTIAL FACILITY – Children who will live where they receive all of their special education and related services in publicly or privately operated residential schools or residential medical facilities on an inpatient basis.

Chief Executive Officer/Designee of
Preschool Early Intervention Program
(typed)

Signature

Date

If not signed by the CEO, written documentation must exist, signed by the CEO, naming the designee.

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: _____ Phone: _____

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Position: _____ Email: _____

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:

I request: (The preschool 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 preschool early intervention program

☐ Mediation

☐ Due process hearing

For an explanation of "mediation" or "due process hearing," please refer to the Procedural Safeguards Notice (PSN) provided to parents, or you may find the PSN online at www.pattan.net.

In addition to members of the child's IEP team, I/we authorize the following to receive the ER/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. Due process hearing or mediation forms can be obtained from the Office for Dispute Resolution (ODR). Contact information for ODR is: 1-800-222-3353 or <http://odr-pa.org>.

SIGN HERE:

Parent's Signature

Date

Daytime Phone

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

If the child is already receiving Early Intervention services and the Early Intervention program is proposing a change in the child's placement that the parent does not agree with, the parent must check the "I do not approve this recommendation" box on the NOREP and check mediation and/or due process hearing and return the signed form to the Early Intervention program within 10 calendar days. If the parent does not return the signed NOREP within 10 days, the program can move forward with the proposed changes. If after 10 days, the parent indicates their disapproval of the change in placement, the child remains in the new placement until the parent gets a decision in their favor from the special education appeal panel, or until they have completed all steps in the hearing and appeal process.

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 AND ADVOCACY LEADERSHIP CENTER

1119 Penn Avenue
Suite 400
Pittsburgh, PA 15222
412-281-4404 (Voice)
866-950-1040 (Toll-Free Voice)
412-281-4409 (TTY)
412-281-4408 (Fax)
www.pealcenter.org

HISPANICS UNITED FOR EXCEPTIONAL CHILDREN (HUNE, INC.)

2215 North American Street
Philadelphia, PA 19133
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

800-692-7288
Email: connecthelp@tiu11.org
(For TTY, dial 711 for Relay Service)
www.connectpa.net
Assists families and professionals in locating state, local and national resources and information for children birth through 5; provides referrals to early intervention services.

THE ARC OF PENNSYLVANIA

301 Chestnut Street
Suite 403
Harrisburg, PA 17101
800-692-7258
www.thearcpa.org

MISSION EMPOWER

(855) 825-0788
Email: advocate@missionempower.org
www.missionempower.org

OFFICE FOR DISPUTE RESOLUTION

6340 Flank Drive
Harrisburg, PA 17112-2764
717-901-2145 (Phone)
800-222-3353 (Toll free in PA only)
800-645-4984 (TTY)
717-657-5983 (Fax)
www.odr-pa.org

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/ THE PENNSYLVANIA TRAINING AND TECHNICAL ASSISTANCE NETWORK/PATTAN

Harrisburg 800-360-7282
Malvern 800-441-3215
Pittsburgh 800-446-5607
www.pattan.net