



BRIC
PO Box 974
Bemidji MN 56619

Prior Written Notice

Student: Marss Test ID: SCREEN9999999
 School: BRIC Grade: HK DOB: 01/08/2019

Date Sent: 03/17/2020

Dear :

You are receiving this notice because the school district is proposing or refusing action(s) regarding your child's identification, evaluation, educational placement or free appropriate public education (FAPE).

1. Action(s) Proposed or Refused

The district proposes to PAUSE the initial evaluation that is currently underway for your child. Once school is back in session on site the district will resume the evaluation.

2. Explanation: Why each action is proposed or refused

Due to the closure of school surrounding COVID-19, completing a comprehensive evaluation is not a viable option at this time as the team needs to assess, observe, and work directly with the student. When the student and staff are again available to complete the evaluation (when school is back in session), it will be carried out.

3. Sources of Information: Basis for proposed or refused action

Closure of school due to COVID-19.

4. Other options considered and why those options were refused

The team considered moving forward with the evaluation but determined a meaningful, comprehensive evaluation could not be completed without direct assessment and observation of the student.

5. Additional factors relevant to the district's proposed or refused action.

No other relevant factors were identified by the team.

Your Rights

For initial evaluation or initial placement and provision of special education services:

- The school district will not proceed with the actions proposed in this notice without first receiving your prior written consent.
- If you provide written refusal to an initial evaluation or the initial provision of special education services, the school district may not override your decision.

For other actions:

For other actions, the school district **will** proceed with the proposed or refused action(s) in the prior written notice **unless**:

- you object in writing within 14 calendar days **and**
- you either request a conciliation conference, a meeting with appropriate Individualized Education Program (IEP) team members, file an impartial due process hearing, or you request a mediation or a facilitated team meeting.

What happens if I object to the action?

- You have the right to a conciliation conference if you request one. If you request a conciliation conference, the school district must hold the conciliation conference within 10 calendar days from the date of your request, and the school district will not proceed with the proposed action(s) or refusal(s). (See definition below). This request is made to the school district.
- You have the right to request a meeting with appropriate members of your child's individualized education program (IEP) team to address the specific objections, and the school district will not proceed with the proposed action(s) or refusal(s). This request is made to the school district.
- You have the right to request a due process hearing in order to resolve the disagreements, and the school district will not proceed with the proposed action(s) or refusal(s). The school district may also request a due process hearing. This request is made to the Minnesota Department of Education (MDE).
- You have the right to request mediation or a facilitated team meeting to resolve the disagreement. This is a voluntary process, so both you and the school district must agree to participate in the process. If you make this request, the school district will not proceed with the proposed action(s) or refusal(s). This request is made to the Minnesota Department of Education (MDE).

Procedural Safeguards of the Individuals with Disabilities Education Act

A procedural safeguards notice or parental rights document explains some of the special education rights and procedural safeguards available to parents under federal and state law. For example, you will find information about when you need to provide written consent (agreement), how your child's records are protected, and your options if you do not believe your child is receiving appropriate special education services.

The school district must provide you with a notice of your procedural safeguards at least once per year and upon your request. You can get a copy of these safeguards by contacting:

[Name and Title/Role]

at [telephone number]

or [email address]

☐ Procedural safeguards offered to parents by (Initials) on

Other Resources and Contact Information:

If you would like help in understanding what this prior written notice means, you can contact:

- PACER Center at 952-838-9000 or www.pacer.org
- The ARC of Minnesota at 651-523-0823 or <http://www.thearcofminnesota.org>
- Minnesota Department of Education at 651-582-8689 or <http://education.state.mn.us/mde/index.html>
- Minnesota Disability Law Center at 612-334-5970 or www.mylegalaid.org

Definitions:**Alternative Dispute Resolution:**

Alternative dispute resolution includes mediation and facilitated team meetings. Both you and the school district would need to agree to participate in mediation or a facilitated team meeting. The process is free and involves an impartial person provided by the state to help you and the district resolve differences while keeping the focus on the student's needs. For more information, here is a link to MDE's webpage:
<https://education.mn.gov/MDE/fam/sped/conf/>.

Conciliation Conference:

A conciliation conference is a meeting with the parent and school staff to resolve disagreements about the school district's proposed or refused actions described in the prior written notice. A conciliation conference must be attended by at least a parent and a school staff person with authority to resolve the dispute. The school district must hold the conciliation conference within 10 calendar days from the date it receives your request.

District Use Only:

Date Form Given or Mailed to Parent:



BRIC
PO Box 974
Bemidji MN 56619

Parental Consent/Objection

Student: Marss Test ID: SCREEN99999999 Date: 03/17/2020
 School: BRIC Grade: HK DOB: 01/08/2019

Dear :

The school district seeks your consent or objection before moving ahead with the proposed actions as stated in the enclosed Prior Written Notice sent **03/17/2020**.

Step 1: Understand Your Rights

The school district **will not** proceed with an initial evaluation or initial placement and provision of special education services without your prior written consent.

For other actions, the school district **will** proceed with the proposed or refused action(s) in the prior written notice **unless**:

- you object in writing within 14 calendar days (03/31/2020) **and**
- you either request a conciliation conference, a meeting with appropriate individualized education program (IEP) team members, file an impartial due process hearing, or you request a mediation or a facilitated team meeting

If you would like to request a mediation, facilitated team meeting, or a due process hearing, please contact MDE at 651-582-8689 or by email at mde.adrservices@state.mn.us.

Step 2: Review the school district's proposed or refused action(s) as described in the prior written notice.

Step 3: Check one of the boxes to indicate your response to the proposed or refused action(s).

☐ **Consent:** I agree, so the school district will proceed with the proposed or refused action(s) in the prior written notice.

or

☐ **Objection:** I do not agree and **I request a conciliation conference** to be held within ten calendar days from the date the school district receives this request to resolve my concerns and understand the school district will not proceed with the proposed or refused action(s) in the prior written notice.

or

☐ **Objection:** I do not agree and **I request a meeting with appropriate members of my child's IEP team** to resolve my concerns and understand the school district will not proceed with the proposed or refused action(s) in the prior written notice.

If you choose this option, please explain the specific part that you object to:

Step 4: Sign, date, and return this form.

 Parent Signature (or Student, if age 18 or older)

 Date

This form is available in other formats. Contact the case manager for an alternate format.

Return this form to:

Name	Position	Phone
Address	City	State Zip

For School Use Only:

Date Received: