

Prior Written Notice

Robbinsdale Area Schools
4148 Winnetka Ave N
New Hope, MN 55427-1288

Student Name: Vang, Chuye Ye Aslie Student ID: 831748 Date: 11/12/2021
School: Robbinsdale Cooper High School Grade: 10 DOB: 03/03/2006
Dear Sing Vang and Yer Thao,

- a. ☒ This notice is required because the school district is proposing a plan of services following an IEP, IFSP, or IIIP meeting on 11/12/2021. (Please note any checked boxes below.)
- ☐ Because your child is initially going to receive special education services, the school district will not proceed without your written consent at the bottom of this form. You must sign this form at the bottom and return it before we can proceed.
- ☐ Your child's IEP, IFSP or IIIP is changed as noted in the attached form. The school district will proceed with this change unless you object in writing within 14 calendar days of receiving this notice.
- ☐ The school district recommended that all current special education and related services be discontinued and will proceed with this change unless you object in writing within 14 calendar days of receiving this notice.
- b. ☐ This notice is required because the school district is denying the parent's request.

For both "a" and "b", the following information must be included:

1. A description of the action proposed or refused by the district, (if not shown on attached IEP, IFSP or IIIP):

The school district considered if special education recovery services were required at the phone call on 11/12/2021. Based on the the data, the district is not proposing special education COVID-19 recovery services for Chuye.

2. An explanation of why the district proposes or refuses to take the action:

The school district is required to consider the need for special education recovery services due to the impact of the COVID-19 pandemic based on current legislation.

3. A description of any other options that the district considered and the reasons why those options were rejected:

The district considered proposing special education recovery services, but rejected this option based on the data, progress in the general education curriculum, lack of regressions in skills, and consideration of influence on your student's ability to participate in and benefit from instruction related to COVID-19.

PRIOR WRITTEN NOTICE

4. A description of each evaluation procedure, test, record, or report the district used as a basis for the proposed or refused action:

The school district considered your student's current IEP, most recent evaluation report, progress on IEP goals and objectives, progress in the general education curriculum and consideration of other significant influences on the student's ability to participate in and benefit from instruction related to the COVID-19 pandemic.

5. A description of any other factors that are relevant to the district's proposal or refusal:

No other factors are relevant at this time.

You are protected by procedural safeguards and can get a description of the procedural safeguards by asking for them from:

Name: Grossmann, Amy Position: Special Education Teacher Telephone: (763)504-8624

Resources you may contact for further information about parent rights and procedural safeguards:

ARC Minnesota (Advocacy for Persons with Developmental Disabilities): 651-523-0823, 1-800-582-5256

Family Service Inc., Learning Disabilities Program: 651-222-0311, 1-800-982-2303, TTY: 651-222-0175

MN Disability Law Center: 612-332-1441, 1-800-292-4150, TTY: 612-332-4668

MN Department of Education: 651-582-8689, TTY: 651-582-8201

PACER (Parent Advocacy Coalition for Education Rights): 952-838-9000, 1-800-53-PACER, TTY: 952-838-0190

Enclosure: Notice of Procedural Safeguards Date:

PARENT ACTION

Student Name: Vang, Chuye Ye Aslie Student ID: 831748

Parent(s): Check one of the options below, sign and date this form, and return the original of this page. If you do not return this page or otherwise respond in writing within 14 calendar days, the team will proceed as indicated above.

☐ I agree with the decision, and I give permission to the school district to proceed as proposed.

☐ I do not agree with the decision, and I do not give permission for the school to proceed as proposed. I understand that someone will contact me to offer a conciliation conference or mediation. I understand that I (or the district) have the right to proceed directly to a due process hearing.

☐ I need further information.

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

(Signature Date)

This form is available in several languages, Braille, or other formats. Contact the IEP manager for an alternate format.