



EDUCATIONAL SERVICE UNIT 10

NOTICE FOR CHANGE OF PLACEMENT/DISCONTINUATION OF SPECIAL EDUCATION SERVICES

NAME: _____ DATE OF NOTICE: _____

SCHOOL: _____ GRADE: _____

Dear _____

(Parent / Guardian)

() The _____ Public Schools proposes to CHANGE _____ placement from _____

to the following program _____ as of _____

(OR)

() The _____ Public School proposes to DISCONTINUE _____ placement in the _____ as of _____

The proposed change of placement is based upon the following evaluation procedures, tests, records or reports:

The team considered the following options prior to reaching the decision: (reasons they were rejected are included)

Other factors which are relevant to the proposal, if any: _____

If program **discontinued**, please check appropriate area:

- Transferred (not contracted) to another district
- Returned to or Entered Full Time Regular Education Program
- Graduated
- Reached Maximum Age (Age 21)
- Deceased
- Dropped Out
- Withdrawn by Parent
- Other

PARENTS: Parents of children with disabilities have rights which are protected under the procedural safeguards of the Individual with Disabilities Education Act (IDEA). If you would like another copy of your procedural safeguards or if you have any questions concerning or understanding the content of this, please contact:

Case Manager: _____ Phone: _____

Additional Information: You may also contact the following resources to help you understand the federal and state laws for educating children with disabilities and parental rights granted by those laws: ESU 10 SPED Dept. (308-237-5927) or the Nebraska Department of Education - Lincoln Office: (402) 471-2471.

Signature of Parents/Guardians/Surrogate

Date