

HAZLETON AREA SD

NOTICE OF RECOMMENDED EDUCATIONAL PLACEMENT/PRIOR WRITTEN NOTICE FOR REVOCATION OF CONSENT FOR SPECIAL EDUCATION (NOREP/PWN)

School Age

Child's Name: Peter Pan

Date Sent (mm/dd/yy): 8/28/2019

Name and Address of Parent/Guardian:

Skippy Pan
111 Neverland Rd
Hazleton, PA 18201

For LEA Use Only:
Date of Receipt of Signed NOREP/PWN
Letter Not Returned

Dear: Skippy Pan

This is to notify you of the school's action regarding your child's educational program.

1.Type of action taken:

- Proposes initial provision of special education and related services
Refusal to initiate an evaluation
Proposes to change the identification, evaluation or educational placement of the child
Refusal to change the identification, evaluation or educational placement of the child
Change of placement for disciplinary reasons
Due process hearing, or an expedited due process hearing, initiated by LEA
Graduation from high school
Exiting special education
Exiting high school due to exceeding the age eligibility for a free appropriate public education (FAPE)
Extended School Year (ESY) services
Response to request for an independent educational evaluation (IEE) at public expense
Other

This NOREP is being issued as a result of the written request of the parent, received on (date) to revoke his/her consent for the provision of special education services. As a result, the student will no longer be considered a child with a disability pursuant to the IDEA.

2.A description of the action proposed or refused by the school/district:

This NOREP is being issued as a result of the written request of the parent, received on (date) to revoke his/her consent for the provision of special education services. As a result, the student will no longer be considered a child with a disability pursuant to the IDEA.

3.An explanation of why the school/district proposed or refused to take the action:

This NOREP is being issued in compliance with the IDEA and as a result of the parent's written notification to the District that he/she is revoking his/her consent for the provision of special education services.

4. The educational placement recommended for your child is: (State the type of supports, e.g., Itinerant Learning Support, Supplemental Autistic Support, Full-Time Emotional Support):

Regular education as a result of parental revocation of consent for (level/type of support).

Brian Uplinger

8/28/2019

School District Superintendent/Designee
Charter School CEO

Signature

Date(mm/dd/yy)

You have rights and protections under the law described in the *Procedural Safeguards Notice*. If you need more information or want a copy of this notice, please contact:

Name and Title: Bridget Caputo Phone: 570-459-3221
Email Address: caputob@hasdk12.org

5. PARENTAL CONSENT

Directions for Parent/Guardian/Surrogate: Please check one of the options, sign this form, and return it within 10 calendar days. In circumstances when this form is NOT completed and parental consent is NOT required, the school will proceed as proposed after 10 calendar days.

- I request an informal meeting with school personnel to discuss this recommendation.
- I approve this action/recommendation.
- I do not approve this action/recommendation. *My reason for disapproval is:

I request (Contact the Office for Dispute Resolution at 800-360-7282 for information on Mediation and Due Process Hearing):

- Mediation
- Due Process Hearing

* If you do not approve the action/recommendation(s), your child will remain in the current program/placement only if you request a due process hearing or mediation through the Office for Dispute Resolution. If you do not request Due Process or Mediation through the Office for Dispute Resolution, the school/district will implement the action/recommendation(s).

SIGN HERE:

Parent/Guardian/Surrogate Signature

Date (mm/dd/yy)

Daytime Phone

PLEASE RETURN THIS ENTIRE FORM TO:

Name: Bridget Caputo
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* is available on the PaTTAN website at www.pattan.net Type "Annotated Forms" in the Search feature on the website.

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.drmpa.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