**DETERMINATION AND NOTICE OF PLACEMENT**

**Form P-2 (Rev. 06-2023)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SCHOOL DISTRICT**

*[If you need this notice in a different language or communicated in a different way, or have*

*questions about this notice, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.]*

**Date of the placement determination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date parent(s) provided with notice of placement and IEP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name of student: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The IEP developed or revised on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will be implemented at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District/City, with a projected date of implementation on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. Will the student attend the school they would attend if nondisabled?

□ Yes □ No *(If no, you must complete a and b below):*

1. List other options considered, if any, related to the school determination (e.g., physical place where attending):
2. Explain the reason(s) for rejecting the other school options considered, and describe any other factors relevant to the proposed action:

2. Other options considered and rejected. Refer to Form I-4, Section V. Is the student participating full-time in the regular education environment?

□ Yes □ No *(If no, you must complete a and b below):*

1. List other options considered, if any (e.g., frequency, amount, location, and duration of the specially designed instruction, related services, supplementary aids and services, program modifications and supports):
2. Explain why full-time participation in the regular education environment or age-appropriate settings with the use of supplementary aids and services cannot be achieved satisfactorily, the reason(s) for rejecting the other options considered, and describe any other factors relevant to the proposed action:

□ You previously received a copy of your child’s evaluation report and a copy of their IEP is enclosed.

□ A copy of your child’s evaluation report and IEP are enclosed.

You and your child have protection under the procedural safeguards (rights) of special education law. The school district must provide you with a copy of your procedural safeguards once a year. Enclosed is a copy or earlier this year you received a copy of your procedural safeguard rights in a brochure about parent and child rights. If you would like another copy of this brochure, please contact the district at the telephone number above. In addition to district staff, you may also contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ if you have questions about your rights.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Title of District Contact Person