**DETERMINATION AND NOTICE OF PLACEMENT:**

**CONSENT FOR INITIAL PLACEMENT**

**Form P-1 (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 on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will be implemented at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District/City, with a projected date of implementation on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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

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

1. List other options considered, if any, related to the school ~~placement~~ determination (e.g., physical place where attending ~~implemented~~):
2. Explain ~~List~~ 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 ~~removed from the regular education environment for any part of the full school day~~ participating full-time in the regular education environment?

□ Yes □ No, *(If ~~yes, explain~~ 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 ~~List~~ 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. Previously 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

**PARENT CONSENT/PERMISSION FOR INITIAL PLACEMENT**

Before the school district can provide special education to your child as described in their IEP your written consent (permission) is needed. Your consent is voluntary and can be revoked prior to the initial provision of special education. You can also revoke consent in writing for your child’s receipt of special education services after the child is initially provided special education and related services.

I understand the action proposed above and

*(please check appropriate box below, sign and date, and return one copy to the school district)*

□ I give my consent for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to receive special education services.

□ I do not give my consent for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to receive special education services.

{I understand that if I refuse to give my consent for my child to receive special education services the school district is not required to convene an IEP meeting or develop an IEP for my child. I further understand that the district will not be in violation of the requirement, under the federal Individuals with Disabilities Education Act (IDEA) and Sub. V, Chapter 115, Wis. Stats., the state special education law, to make available a free appropriate public education (special education and related services) for my child.}

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

Signature of parent, legal guardian, or adult student Date