

DATE SENT/GIVEN:

**AMARILLO INDEPENDENT SCHOOL DISTRICT
SPECIAL EDUCATION DEPARTMENT**

AMARILLO, TEXAS

**NOTICE OF REFUSAL TO PROVIDE SERVICES FOR
STUDENTS DETERMINED TO BE INELIGIBLE FOR SPECIAL EDUCATION SERVICES**

Name _____ DOB _____

School _____ Grade _____ Age _____ SS# _____

Action refused:

The Amarillo ISD will not provide special education and related services.

Why action was refused:

Assessment results indicate the student does not/no longer meets eligibility criteria for any disabling condition.

Before making this decision, the following alternatives were considered:

OPTIONS CONSIDERED	WHY REJECTED

Evaluation procedures, tests, records, or reports used as a basis for the refusal:

- Comprehensive Individual Assessment
- Independent Educational Evaluation
- Information from parents
- Information from school personnel
- Other: _____

Other factors relevant to the refusal

Your rights were explained to you when your child was initially referred for special education assessment. Federal regulations require that parents and adult students be provided a full explanation of all procedural safeguards in your native language or other mode of communication each time the district proposes or refuses to initiate or change the identification, evaluation, or educational placement of your child or the provision of a free appropriate public education (FAPE) to your child. A full explanation of all procedural safeguards is included with this form. Date given: _____ to _____