RESPONSE TO AN ACTIVITY REQUESTED BY PARENT/GUARDIAN

____SCHOOL DISTRICT

Date: Date: Date: Date Date you requested that the school district initiate or not initiate the ollowing action regarding your child's educational program: This notice is to inform you that the school district proposes the following action regarding your request (explain, including options considered, if any, and reasons rejected): Declines your request (explain, including options considered, if any, and reasons rejected): Ou and your child have protection under the procedural safeguards (rights) of special education law. Previous our received a copy of your procedural safeguard rights in a brochure about parent and child rights. If you wou ke another copy of this brochure, please contact the school district at the telephone number above.	-	Name	at	Phone Number	
Dear	TUDENT'S NAME	Z:			^
on				Date:	
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