IEP TRAINING

PRIOR NOTICE PACKAGE

FACILITATORS: JENNIFER SMITH

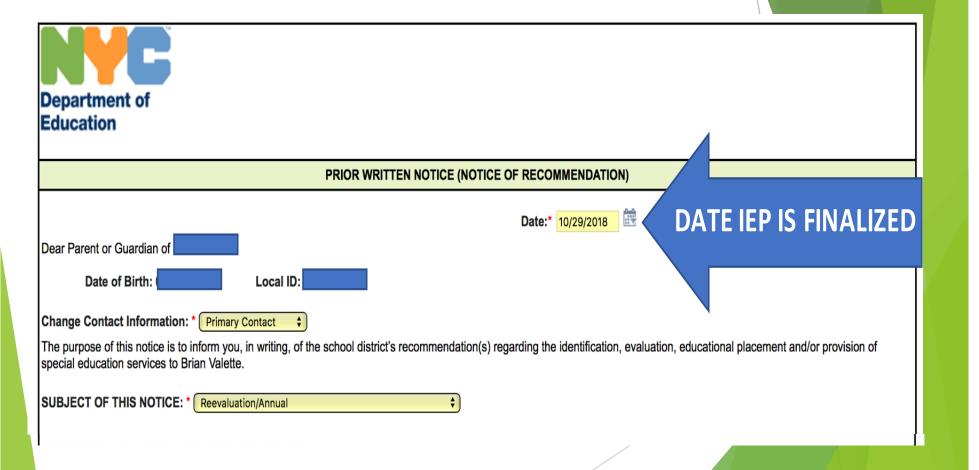
CECILIA GALLAGHER

PRIOR NOTICE PACKAGE (PNP)

- PNP Form in SESIS that must be completed AFTER the IEP is *finalized*.
- PNP is completed by person whom finalizes IEP.
- Provides parent information regarding IEP decisions
- Provides parent link to procedural safeguards.
- Closes the Annual/Triennial IEP Process.

CREATING PNP

- Create New Document
- Go to the Placement Section and Click Prior Notice Package for Placement
- Click create then Go



Related Services / Supplementary Aids and Services / Assistive Technology

Counseling Services (Group), School Nurse Services (Individual), Occupational Therapy (Individual), Parent Counseling and Training, Speech-Language Therapy (Group)

EXPLANATION OF WHY THE ACTION IS PROP

At the IEP meeting held on 10/25/2018, to which meets the eligibility criteria for an educational discovered recommending the special education see

DATE OF IEP MEETING d below were reviewed and discussed and it was determined that your child missioner of Education. In addition, an Individual Educational Program was

DESCRIPTION OF EACH EVALUATION PROCEDURE, ASSESSMENT, RECORD, OR REPORT USED IN THE DECISION TO PROPOSE OR REFUSE THE ACTION:

Listed below are assessments, reports, and other materials that were reviewed. Add any other assessments and other materials that were reviewed and discussed in developing the IEP. Ensure that you have included any materials submitted by the parent in this section

If a Physical Examination was conducted for the student, you must select Physical Examination from the list of assessments and enter the date at most select Physical Examination from the list of assessments and enter the date at most select Physical Examination from the list of assessments and enter the date at most select Physical Examination from the list of assessments and enter the date at most select Physical Examination from the list of assessments and enter the date at most select Physical Examination from the list of assessments and enter the date at most select Physical Examination from the list of assessments and enter the date at most select Physical Examination from the list of assessments and enter the date at most select Physical Examination from the list of assessments and enter the date at the d

if a 1 hysical Examination was conducted for the student, you must select 1 hysical Examination from the list of a	10000011101110 drid critor trio	date pripieted.
Evaluation Procedure/Assessment/Record/ Report		Date
Psychoeducational	12/16/2016	
Speech and Language	12/16/2016	
Classroom Observations	12/08/2016	ASSESSMENTS USED
Vocational Assessment	12/22/2016	ASSESSIVILITIES OSED
(Select) 🗘		

DESCRIPTION OF ANY OTHER OPTIONS CONSIDERED AND THE REASONS WHY THOSE OPTIONS WERE REJECTED:

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DESCRIPTION OF OTHER FACTORS THAT ARE	EVANT TO THE PROPOSED OR REFUSED ACTION:*	
Please refer to IEP	TYPE THIS IN	li.
YOU HAVE PROTECTION UNDER THE PROCED	SAFEGUARDS OF THE REGULATIONS OF COMMISSIONER OF EDU	CATION.
You can download a copy of the Procedural Safeguards		rom *
JSMITH5 (Smith, Jennifer) (ID)	lookup at * 718-224-8060 YOUR INFO	
Click here to populate the phone number from the st	aff profile:	
SOURCES YOU MAY CONTACT TO OBTAIN ASSISTA	NCE IN UNDERSTANDING THE SPECIAL EDUCATION PROCESS:	
NYC Department of Education:		
Name: * JSMITH5 (Smith, Jennifer)	(ID) lookup	
Address: * 61-25 MARATHON PARKW. City: * QUEENS	State: * NY	YOUR INFO
Telephone #: * 718-224-8060		
Click here to populate the address and phone numb	er from the staff profile:	
Independent Resource:* Queens INCLUDEnyc (formerly Resources for Children with S 116 E. 16th Street, 5th floor New York, New York 10003 212-677-4660 (English) 212-677-4668 (Spanish) http://www.includenyc.org	pecial Needs)	

DDITIONAL INFORMATION RELATED TO THE SUBJECT OF THE NOTICE:	
he Committee has recommended services which will meet your child's needs. If you want to discuss this decision or if you would like to arrange	
ne person listed below. You may visit e recommended placement site. Please contact JSMITH5 (Smith,Jennifer)	NFO
ppolitiment	
he re 10 DAYS on* 11/08/2018	
ou have the right to address the Core ratee, either in person or in writing, on the appropriateness of the Committee's recommendations. If you be	
equest a meeting to further discuss information contained in this notice please contact * JSMITH5 (Smith, Jennifer)	NEO
lick here to populate the phone number from the staff profile:	
you do not agree with this recommendation, you have the right aring. If you want to request mediation, you must be so in writing to *	
(ID) loc AP's INFO	
lick here if you want to use Principal/CSE Address from page 2 ity: *QUEENS , State: *NY + Zip: *	
. You may request an impartial hearing by ing to the New York City Department of Education, Impartial Hearing Office, 131 Livingston Street, Roc	m 201,
rooklyn, NY 11201.	
Parent Consent Form	
School Location Form	

CREATING PNP

- Save Done Editing
- Finalize
- Send/Print letter
- Send home with copy of IEP to the parent

Questions & Answers...

