

THE SCHOOL DISTRICT OF ESCAMBIA COUNTY
Exceptional Student Education
40 East Texar Drive Pensacola, FL 32503
Phone: (850) 469-5518

**Informed Notice of Refusal
to take a Specific Action**

STUDENT: _____ DOB: _____ GRADE: _____ DATE: _____

SCHOOL: _____ ESE PROGRAM(S): _____ COUNTY#- _____

After a careful review of your child's educational needs, the School District of Escambia County is choosing not to take the action(s) that you requested as indicated in the section below:

1. Description of the requested action(s) and option(s) that were considered:

- Initiate a formal evaluation or re-evaluation
- Change educational placement from _____ to _____
- Continue to provide Exceptional Student Education services
- Dismiss from Exceptional Student Education
- Discontinue the following program(s) _____
- Add the following program(s) _____
- Include, remove and/or change a component in your child's Individual Educational Plan (IEP) as described below:

2. Reasons why the options were rejected:

- It is not appropriate for meeting your child's needs at this time.
- It is not necessary for your child to receive a free appropriate public education (FAPE)
- Student does / does not meet Dismissal criteria.
- Student does / does not continue to need exceptional student education service.
- Other (Specify) _____

3. The following evaluation procedure(s), test(s), record(s), and/or report(s) were used as a basis for the decision:

4. Other factors relevant to this decision: None or Specify, if any: _____

5. You have specific rights and protections concerning this action, which are described in the **attachment, "Procedural Safeguards."** Please contact _____ at _____ and/or _____ at _____ if you need additional copies of the procedural safeguards or assistance in understanding your rights and protections.

6. LEA Representative/Designee _____	_____	_____
Signature	Title	Date
Other Participant _____	_____	_____
Signature	Title	Date
District Representative Signature _____	_____	_____
Signature	Title	Date