



Student Name _____ ID# _____ Date of meeting _____

Prior Notice of IEP and Placement Decision

Fairfax County Public Schools (FCPS) proposes to implement this IEP and the placement decision as written. This proposed IEP and placement decision will allow the student to receive a free and appropriate public education in the least restrictive environment. This decision is based upon a review of current records, current assessments, and the student’s performance as documented in the Present Level of Performance. Other options considered, if any, and the reason for their rejection, are written on the attached *Prior Written Notice (IEP 220)*. Additionally, other factors, if any, that are relevant to this proposal are outlined on the *Information Related to Present Level of Educational Performance* form of this IEP. When you were notified of the meeting to develop this IEP, you were provided a copy of the procedural safeguards that explains your rights. If you need assistance in understanding this information, please call Due Process and Eligibility 571-423-4470.

_____ Initials here indicate that the parent(s) has read the above prior notice, as well as, other options considered and other factors related to the proposal, if any, before giving permission to implement this IEP and the placement decision.

Parent and/or Student Initials indicate receipt of the following:

- **Age of Majority Brochure** (to be given at the IEP meeting on or immediately preceding student’s 17th birthday)

Student’s Initials _____

Parent’s Initials _____

- **Diploma Options and Requirements Information and Extended School Year Information**

Parent’s Initials _____

Student’s (age 18 or older) Initials _____

Parent Consent

I AGREE with the contents of this IEP. I have received a copy of the *Virginia Special Education Procedural Safeguard Requirements Under the Individuals with Disabilities Education Act*. I have had an opportunity to participate in the development of this IEP.

_____ Parent Signature (or student age 18 or older) _____ Date

I DO NOT AGREE with the contents of this IEP. I have received a copy of the *Virginia Special Education Procedural Safeguard Requirements Under the Individuals with Disabilities Education Act*. I have had an opportunity to participate in the development of this IEP.

_____ Parent Signature (or student age 18 or older) _____ Date

Information from the Fairfax County Public Schools student scholastic record is released on the condition that the recipient agrees not to permit any other party to have access to such information without the written consent of the parent or of the eligible student.

