Guidance and Procedure Document

Process for Completing the New Enrollment in Special Education Programs and Services / Prior Written Notice Form

When a student with an IEP transfers into your district, a *New Enrollment in Special Education Programs and Services/PWN* form should be completed and sent to easyiep@northwested.org. The New Enrollment will be entered into EdPlan/PCG by the EasyIEP Team before any reporting is done in PCG. The New Enrollment has a Prior Written Notice embedded in it, so there is no need to complete an additional PWN. Please see the following instructions:

Completing the Form: Section 1: Demographics

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| Today's Date: the date the form is filled out |
| Student's Enrollment Date: the date the student enrolled in your school |
| Student's Legal Name: student's legal name (not preferred name) needs to be used |
| UIC#: the 10-digit number assigned by MSDS (if you cannot locate a UIC#, contact your |
| district's pupil accounting office for assistance) |
| Birthdate: please double-check for accuracy |
| Grade: the grade into which the student will be enrolled |
| Race/Ethnicity: if left blank, this will default to Caucasian (PCG required field) |
| New School Attending: the name of the school the student will be attending |
| Operating School District: the school district in which the student will be receiving services |
| Resident School District: the school district in which the student lives |
| County of Residence: the county in which the student lives |
| Parent/Guardian Name(s): the name(s) of the of the student's parent(s)/legal guardian(s) |
| Relationship to Student: the relationship of the parent(s)/legal guardian(s) to the student |
| Address: the street address of the parent(s)/legal guardian(s), add a note to your email if the |
| student lives at a different address than the parent/legal guardian |
| Phone Number(s): the phone numbers, including area code, of the parent(s)/legal |
| guardian(s) |
| City/ State/ Zip Code: the city, state, and zip code of the parent(s)/legal guardian(s) |
| Email address: of the parent(s)/legal guardian(s) |
| SE Teacher/Case Manager: the name of the person assigned to be the case manager |
| (typically, this is the Special Ed teacher assigned to the student) |
| Student's Disability: the disability listed on the most recent IEP |
| Most Recent IEP Date: most recent IEP date from the previous school (if the IEP has expired, |
| the district must hold a new IEP within 30 school days) |

| ☐ <i>Most Recent Re-evaluation Date:</i> most recent re-evaluation date from the previous school (if the student's eligibility has expired, the district is required to complete a three-year redetermination of eligibility) |
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| ☐ Previous School Attended: most recent school attended |
| ☐ Previous School District: most recent school district attended (if the previous school district is outside of our five-county region, including Benzie, Antrim, Kalkaska, Leelanau, and Grand Traverse, then include a copy of the most recent IEP and MET report of the student along with this New Enrollment) |
| Section 2: Current Offer of FAPE |
| <u>Description of the action the school district proposed to take:</u> only one of these options should be |
| checked. Choose either: |
| ☐ <u>Implement the IEP with no modifications:</u> |
| Checking this box indicates the district will be implementing all of the programs/services |
| (frequency and duration), goals/objectives, and supplemental aids and services (including |
| conditions, frequency, and duration) as written in the current IEP. |
| Enter the previous school and the date of the previous IEP. |
| OR |
| ☐ Implement the IEP with modifications and will hold a new IEP within 30 school days of the |
| student's enrollment.Checking this box indicates the district will not be implementing all of the |
| programs/services (frequency and duration), goals/objectives, and supplemental aids and |
| services (including conditions, frequency, and duration) as written in the current IEP. |
| • Enter the previous school and the date of the previous IEP. |
| Explanation of Modifications, if the district is modifying the offer of FAPE: |
| A description of all of the changes to the current IEP needs to be documented in this section. |
| Provide details of the changes to goals/objectives. |
| ☐ Provide details of the changes to Supplemental Aids and Services. |
| ☐ Provide details of the changes to Programs and Services. |
| Section 3: Programs, Services, and IEP Team |
| This section must be completed whether implementing the current IEP or making any modifications. |
| ☐ List each Program or Service the student will be receiving, the session length/range, the |
| number of sessions (be sure to include whether it's per day/week/month), and the |
| provider/staff name (this should be a person rather than a discipline, school, or district). |

| List the Consult Services in a similar manner. |
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| ☐ Personal Care: indicate whether the student will be receiving personal care services. If yes, |
| please explain what kind, in Programs and Services. |
| ☐ <i>Specialized Transportation:</i> indicate whether the student requires transportation services and if so, what kind. |
| LEA Special Bus provided by the local school district and is adapted with a lift or other special equipment. |
| ☐ ISD Special Bus provided by NorthEd/Dean Transportation and is used primarily for students attending Center-Based programs. |
| Extended School Year: referring to the previous IEP, indicating whether the student will receive extended school year services. |
| Section 4: Explanation of FAPE Offer |
| Explain why the district is proposing to implement the IEP or implement the IEP with modifications. |
| ☐ Enter a description of the procedure, assessment record, or report the district used in deciding to propose or refuse the action. |
| ☐ Enter description of any other choices the IEP team considered and the reasons why those choices were rejected. |
| Section 5: Signature of District Representative or Designee |
| The District Representative or Designee signs and dates the New Enrollment Form. Typically, this is the School Principal. |
| Section 6: Delivery Means (to Parent/Guardian) |
| A team member needs to: |
| $\ \square$ Indicate who delivered notice to the parent and the date of delivery |
| ☐ Indicate how the notice was delivered to the parent |
| Additional Actions: |
| ☐ Provide a copy of the Procedural Safeguards to the parent |
| ☐ Scan and email the completed New Enrollment Form/PWN and a copy of the most recent |
| IEP and MET (if a student enrolls from outside of Northwest Education Services) to the EasyIEP Team at easyiep@northwested.org . |
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If you have questions about the New Enrollment process, please call the EasylEP Helpdesk at 231-922-6244.