

Explanations of modifications, if the district is modifying the offer of FAPE:	
Goals:	
Supplemental Aids and Services:	
Programs and Services:	

Section 3: Programs, Services, and IEP Team (Sections 3 - 6 must be completed for **ALL** New Enrollments)

Programs/Services	Session Length (Minutes)	Number of Sessions (indicate per week or month)	Provider/Staff Name
Consult Services	Session Length (Minutes)	Number of Sessions (indicate per week or month)	Provider/Staff Name
Personal Care:	No Yes		
Specialized Transportation:	No Yes	If yes, what kind?	LEA Special Bus with Lift and/or Adaptations ISD Special Bus with Lift and/or Adaptations
Extended School Year:	No Yes		

Section 4: Explanation of FAPE Offer

Explanation of why the school district is proposing or refusing to take the action:
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Description of each evaluation procedure, assessment, record or report the school district used in deciding to propose or refuse the action:

Description of any other choices that the IEP Team considered and the reasons why those choices were rejected:

Section 5: Signature of District Representative or Designee

District Representative or Designee acknowledges the content of this New Enrollment and Prior Written Notice.

Signature:	Date:
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Section 6: Delivery Means (to Parent/Guardian)

Delivered By:	Date of Delivery:
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Method of Delivery:	In Person	By Mail	Sent home with student	By Email
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