

# Notice of Recommended Assignment (NORA)

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**Date:**

**Student Name:**

**Name and Address of Parent:**

Dear ***Parent Name***,

This letter summarizes recently developed recommendations or proposed changes for your child's education program and/or assignment.

- Your child should begin to receive gifted education services. The school district will not proceed without your approval of this recommendation (the *Gifted Individualized Education Plan* is attached).
- Your child's gifted education placement or services should be changed as noted in the *Gifted Individualized Education Plan*. The school district will proceed with this change unless you notify us with your written disapproval (the *Gifted Individualized Education Plan* is attached.) You have 10 calendar days to respond to a notice of recommended assignment sent by mail or five calendar days to respond to a notice presented in person at the conclusion of a *Gifted Individualized Education Plan* conference. If you receive the notice in person and approve the recommended assignment within five calendar days, we may not implement the *Gifted Individualized Education Plan* for at least five calendar days, to give you an opportunity to notify us within the five-day period of a decision to revoke the previous approval of the recommended assignment.
- Your child is no longer in need of specially designed instruction. We recommend current gifted education services be discontinued. The school district will proceed with this change unless you notify us with your written disapproval. You have 10 calendar days to respond to a notice of recommended assignment sent by mail or five calendar days to respond to a notice presented in person at a gifted team meeting. If you receive the notice in person and approve the recommended assignment within five calendar days, we may not discontinue services within five calendar days to give you the opportunity to notify us within the five- day period of a decision to revoke the previous approval of the recommended assignment.
- Your child is graduating from high school. All gifted education services will cease at the end of the current school term.

- Your child is not in need of gifted education and should continue in his/her present assignment.
- The school district is refusing your request to initiate or change your child's:
  - Identification
  - Evaluation
  - Educational placement
  - Provision of education

The reasons and basis for this refusal are:

- Other, Explain:

This assignment was recommended after a review of the options that were used to assist in identifying the services and programs that will meet your child's needs. The assignment recommended for your child is:

- General Education
- Gifted Support
  - Enrichment in the following area(s):
  - Acceleration in the following area(s):
  - Enrichment/Acceleration Combination in the following area(s):

Reasons the recommendation is appropriate (include evaluation/present level data, GMDE team member input and other factors used in making the recommendations):

Description of the options that were considered and the reasons why those options were rejected (include evaluation/present level data, GMDE team member input and other factors used in rejecting considered options):

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**School District Superintendent Signature**

**Date**

You have certain rights that are described in the attached *Notice of Parental Rights for Gifted Students*. Please carefully read the information. If you need more information, you may contact:

**Name:**

**Position:**  
**Address:**  
**Phone Number:**  
**Email Address:**

**Directions for Parents**

Please check one of the options, sign this form and return it within 10 days to the person listed above.

- I approve** this recommendation.
  
- I do not approve** this recommendation. My reason for **disapproval** is:

**I request:**  Mediation\*       Due-Process Hearing\*

I need the following accommodations to be made so that I may attend the due process hearing/mediation:

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**Parent Signature**

**Date**

**Daytime Phone Number:**  
**Email Address:**

\_\_\_\_\_ (Initial) I have received a copy of the *Notice of Parental Rights for Gifted Students*.

\* The enclosed *Notice of Parental Rights for Gifted Students* provides information on the options listed above.

# Taarifa ya Kazi Inayopendekezwa (NORA)

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**Tarehe:**

**Jina la Mwanafunzi:**

**Jina na Anwani ya Mzazi:**

**Jina la Mzazi** mpendwa,

Barua hii ni muhtasari wa mapendekezo yaliyotayarishwa hivi karibuni au mabadiliko yaliyopendekezwa kwa mpango wa elimu na/au kazi ya mtoto wako.

- Mtoto wako anapaswa kuanza kupokea huduma za elimu ya wenye vipawa. Wilaya ya shule haitaendelea bila idhini yako ya pendekezo hili (*Mpango wa Elimu Iliyobinafsishwa ya Wenye Vipawa* umeambatishwa).
- Uwekaji au huduma za elimu ya wenye vipawa ya mtoto wako zinapaswa kubadilishwa kama ilivyobainishwa katika *Mpango wa Elimu Iliyobinafsishwa ya Wenye Vipawa*. Wilaya ya shule itaendelea na mabadiliko haya isipokuwa kama utatujulisha kwa maandishi kutoidhinisha kwako (*Mpango wa Elimu Iliyobinafsishwa ya Wenye Vipawa* umeambatishwa). Una siku 10 za kalenda kujibu taarifa ya kazi inayopendekezwa iliyotumwa kupitia barua au siku tano za kalenda ili kujibu taarifa iliyowasilishwa kibinafsi kwenye hitimisho la mkutano wa *Mpango wa Elimu Iliyobinafsishwa ya Wenye Vipawa*. Ukipokea taarifa kibinafsi na kuidhinisha kazi inayopendekezwa ndani ya siku tano za kalenda, hatuwezi kutekeleza *Mpango wa Elimu Iliyobinafsishwa ya Wenye Vipawa* kwa angalau siku tano za kalenda, ili kukupa fursa ya kutujulisha ndani ya muda wa siku tano wa uamuzi wa kubatilisha uidhinishaji wa awali wa kazi inayopendekezwa.
- Mtoto wako hahitaji tena mafundisho maalum yaliyoundwa. Tunapendekeza kuwa huduma za sasa za elimu ya wenye vipawa zisitishwe. Wilaya ya shule itaendelea na mabadiliko haya isipokuwa kama utatujulisha kwa maandishi kutoidhinisha kwako. Una siku 10 za kalenda kujibu taarifa ya kazi inayopendekezwa iliyotumwa kupitia barua au siku tano za kalenda ili kujibu taarifa iliyowasilishwa kibinafsi kwenye mkutano wa timu ya wenye vipawa. Ukipokea taarifa kibinafsi na kuidhinisha kazi inayopendekezwa ndani ya siku tano za kalenda, hatuwezi kusitisha huduma ndani ya siku tano za kalenda ili kukupa fursa ya kutujulisha ndani ya kipindi cha siku tano kuhusu uamuzi wa kubatilisha uidhinishaji wa awali wa kazi inayopendekezwa.

- Mtoto wako anahitimu kutoka shule ya upili. Huduma zote za elimu ya wenye vipawa zitakoma mwishoni mwa muhula wa sasa wa shule.
- Mtoto wako hahitaji elimu yenye vipawa na anapaswa kuendelea na kazi yake ya sasa.
- Wilaya ya shule inakataa ombi lako la kuanzisha au kubadilisha:
  - Utambulisho
  - Tathmini
  - Uwekaji wa kielimu
  - Utoaji wa elimu ya mtoto wako

Sababu na misingi ya kukataa hii ni:

- Nyingine, Elezea:

Kazi hii ilipendekezwa baada ya kukagua chaguo ambazo zilitumika kusaidia katika kutambua huduma na mipango ambayo itakidhi mahitaji ya mtoto wako. Kazi inayopendekezwa kwa mtoto wako ni:

- Elimu ya Jumla
- Usaidizi wa Wenye Vipawa
  - Uboreshaji wa maeneo yafuatayo:
    - Kuongeza kasi katika maeneo yafuatayo:
    - Mchanganyiko wa Uboreshaji/Kuongeza Kasi katika maeneo yafuatayo:

Sababu ambazo pendekezo linafaa (zinajumuisha tathmini/data ya kiwango cha sasa, mchango wa wanachama wa timu ya GMDE na vipengele vingine vinavyotumika kutoa mapendekezo):

Maelezo ya chaguo ambazo zilizingatiwa na sababu zilizofanya chaguo hizo kukataliwa (zinajumuisha tathmini/data ya kiwango cha sasa, mchango wa wanachama wa timu ya GMDE na vipengele vingine vilivyotumika kukataa chaguo zinazozingatiwa):

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**Saini ya Msimamizi wa Wilaya ya Shule**

**Tarehe**

Una haki fulani ambazo zimefafanuliwa katika Taarifa iliyoambatishwa ya *Haki za Wazazi wa Wanafunzi Wenye Vipawa*. Tafadhali soma maelezo kwa makini. Iwapo unahitaji maelezo zaidi, tafadhali wasiliana na:

**Jina:**

**Cheo:**

**Anwani:**

**Nambari ya Simu:**

**Anwani ya Barua pepe:**

**Maelekezo kwa Wazazi**

Tafadhali tia alama kwenye mojawapo ya chaguo, utie saina kwenye fomu hii na uirejeshe ndani ya siku 10 kwa mtu aliyeorodheshwa hapa juu.

- Ninaidhinisha** pendekezo hili.
- Siidhinishi** pendekezo hili. Sababu yangu ya **kutoidhinisha ni:**

**Ninaomba:**     Upatanishi\*    Usikilizaji wa Kesi\*

Ninahitaji mapendekezo yafuatayo kufanywa ili niweze kuhudhuria usikilizaji wa kesi/upatanishi:

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**Saina ya Mzazi**

**Tarehe**

**Nambari ya Simu ya Mchana:**

**Anwani ya Barua pepe:**

\_\_\_\_\_ (Herufi ya Kwanza) Nimepokea nakala ya *Taarifa ya Haki za Wazazi wa Wanafunzi Wenye Vipawa*.

\* Taarifa iliyoambatanishwa ya *Haki za Wazazi wa Wanafunzi Wenye Vipawa* hutoa maelezo kuhusu chaguo zilizoorodheshwa hapa juu.