

Notice of Recommended Assignment (NORA)

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):

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:

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.

推荐分配通知（NORA）

日期：

学生姓名：

家长姓名和地址：

致 *Parent Name*,

这封信总结了最近针对您孩子的教育计划和/或作业提出的建议或提议的更改。

- 您的孩子应该开始接受资优教育服务。未经您批准本建议，学区不会继续进行（随附请见 *资优个性化教育计划*）。
- 您的孩子的资优教育安置或服务应按 *资优个体教育计划* 所述作出更改。学区将继续进行此更改，除非您以书面不批准通知我们（附上 *资优个性化教育计划*）。您有10个自然日来回复此邮寄发给您的推荐分配通知，或者有5个自然日来回复在 *资优个性化教育计划* 会议结束时当面提交的通知。如果您在当面收到通知并在五个自然日内批准了所建议的分配安排，我们可能不会在至少五个自然日内实施 *资优个性化教育计划*，以便您有机会在决定撤销先前对建议分配的批准后的五天内通知我们。
- 您的孩子不再需要专门设计的指导。我们建议停止现在的资优教育服务。学区将继续进行此更改，除非您以书面方面向我们告知您的异议。您有10个自然日来回复此邮寄发给您的推荐分配通知，或者有5个自然日来回复在 *资优个性化教育计划* 会议结束时当面提交的通知。如果您在当面收到通知并在五个自然日内批准了所建议的分配安排，我们可能不会在至少五个自然日内停止服务，以便您有机会在决定撤销先前对建议分配的批准后的五天内通知我们。
- 您的孩子即将从高中毕业。所有资优教育服务将于本学期结束时停止。
- 您的孩子不需要资优教育，应继续他/她目前的分配
- 学区拒绝您发起或更改您孩子的以下各项的请求：
- 身份识别
 - 评估
 - 教育安置
 - 教育提供

拒绝的理由和依据是：

其他，请解释：

在审查了用于帮助确定满足您孩子需求的服务和计划的选项后，建议让该生进行此分配。
为您的孩子推荐的分配是：

通识教育

资优支持

在以下领域获得充实机会：

以下方面加速教育：

以下方面的充实/加速组合：

有关建议的适当原因（包括评估/当前水平数据、GMDE 团队成员的意见以及提出建议时使用的其他因素）：

对所考虑的选项以及拒绝这些选项的原因的描述（包括评估/当前水平数据、GMDE 团队成员意见以及用于拒绝已考虑选项的其他因素）：

学区校监签名

日期

您拥有所附的资优学生家长权利通知中描述的某些权利。请仔细阅读信息。如果您需要更多信息，您可以联系：

名字：

职称：

地址:

电话号码:

电邮地址:

家长指示

请在其中一个选项勾选，在此表格上签名并在 10 天内将其退还给上面列出的人员。

我赞同这项建议。

我不赞成这项建议。我不赞成的理由是:

我请求: 调解* 正当程序听证会*

我需要做出以下安排，以便我可以参加正当程序听证会/调解:

家长签名

日期

日间电话号码:

电邮地址:

_____ (首字母缩写) 我已收到《资优学生家长权利通知书》副本.

*随附的资优学生家长权利通知提供了有关上述选项的相关信息。