



Prior District Continuance Program

(Previous District IEP)

Alpena-Montmorency-Alcona
Educational Service District
2118 US 23 South
Alpena, MI 49707
(989) 354-3101

_____ is able to initiate the same program as specified
(New District)
on the IEP from _____, dated _____
(Previous District) (IEP Date)
for _____ DOB: _____
(Student's Name)

School: _____

Name of Provider/Teacher: _____

Student's Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Parents' Name(s): _____

Address (if different): _____

City/State/Zip: _____

Telephone: _____

Attach the IEP from the previous district that will be followed, the most recent MET, and the Notice of Provision of Services and Programs (signed and dated) from the Alpena-Montmorency-Alcona Educational Service District.

NOTICE OF PROVISION OF SERVICES AND PROGRAMS

The *Individuals with Disabilities Education Act* (IDEA) mandates that the district provide written notice to the parent when the district proposes to initiate or change the educational placement of the student or the provision of a Free Appropriate Public Education (FAPE) to the student; or when they refuse to initiate or change the educational placement of the student or the provision of a FAPE to the student.

You are receiving this notice for: _____
(student name) (DOB)

You are receiving this notice because we are offering the provision of a FAPE. The programs and services will begin on _____ and will be located at _____. This proposal is the result of the Individualized Education Program (IEP) team meeting, dated _____, that was convened for the purpose of: _____.

- | | |
|--|---|
| Check one of the following: | Check all others that apply: |
| <input type="checkbox"/> Annual/Review IEP | <input type="checkbox"/> Change of Placement |
| <input type="checkbox"/> Reevaluation IEP | <input type="checkbox"/> Suspension/Expulsion <input type="checkbox"/> Graduation <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> Transition |
| | <input type="checkbox"/> Change of Eligibility |
| | <input type="checkbox"/> Amendment |
| | <input type="checkbox"/> Other: |

Upon district signature (see bold box below), this notice and the student's IEP constitute the district's offer of a FAPE.

You are receiving this notice because we are offering the provision of a FAPE. This proposal is the result of the Individualized Education Program (IEP) Amendment, dated _____.

You are receiving this notice because your student was found ineligible for special education programs and services at the Individualized Education Program (IEP) team meeting, dated _____, that was convened for the purpose of a reevaluation IEP.

The IEP describes each evaluation procedure, assessment, record, or report used in this offer of a FAPE. In the course of the development of the IEP, other options (e.g., programs and services, supplementary aids and services) considered but not selected were:

Option Considered but Not Selected	Reason Not Selected

No other options were considered.

Other factors that are relevant to the district's proposal or refusal (describe): _____

There are no other factors that are relevant to the district's proposal or refusal.

If the IEP team has determined that programs and services will be provided in a district other than the student's district of residence:

- The resident district authorizes/authorized the operating district _____ to conduct subsequent IEP team meetings.
- The resident district will conduct subsequent IEP team meetings.

The Procedural Safeguards Notice you received describes protections under the IDEA. The Procedural Safeguards Notice is also available at www.michigan.gov/documents/mde/May09-ProceduralSafeguardsNotice_278611_7.pdf. See the "Working Together Booklet" for resources to assist you in understanding your rights.

X _____ Signature of Superintendent or Designee	_____ Date
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