

Capistrano Unified School District
San Juan Capistrano, California
Children with Disabilities Enrolled By Their Parents in Private School
Notification of Parental Intent (Triennial)

Student's Name: _____ DOB: _____

District of Residence: _____ Private School of Attendance: _____

Check one of the following boxes:

- I have an interest in enrolling my child in a public school placement. The *Parent Consent for Assessment/Reassessment (SpEd 5)* you provided is signed and enclosed. Please contact me to schedule the assessment and IEP team meeting to develop an IEP for my child.

Phone: _____

- I have no interest in enrolling my child in a public school placement. I intend to maintain my child's enrollment in private school. I understand that my district of residence continues to make a free appropriate public education available to my child. [If you checked this option, please check one of the following boxes:]

- The CUSD indicates that a triennial assessment is necessary. I agree. I hereby request an assessment to determine whether my child continues to be eligible for special education and related services. The *Parent Consent for Assessment/Reassessment (SpEd 5)* you provided is signed and enclosed. Please contact me to schedule the assessments.

Phone: _____

- The CUSD indicates that a triennial assessment is necessary. However, I hereby decline an assessment to determine whether my child continues to be eligible for special education and related services. I understand that my child will not receive services pursuant to a Services Plan.

- The CUSD indicates that a triennial assessment is not ___ necessary. I agree. I hereby decline an assessment to determine whether my child continues to be eligible for special education and related services.

- The CUSD indicates that a triennial assessment is not ___ necessary. I disagree. I hereby request an assessment to determine whether my child continues to be eligible for special education and related services. The *Parent Consent for Assessment/Reassessment (SpEd 5)* you provided is signed and enclosed. Please contact me to schedule the assessment.

Phone: _____

Check one of the following boxes:

- My child has a Services Plan. I consent to my child's continued receipt of services pursuant to his/her Services Plan.
- My child has a Services Plan. I decline my child's continued receipt of services pursuant to his/her Services Plan.
- My child does not have a Services Plan. Please contact me to schedule a meeting to develop a Services Plan, if applicable, for my child.

Phone: _____

- My child does not have a Services Plan. I do not want to schedule a meeting to develop a Services Plan at this time.

Print Name Here

Signature Here

Today's Date