

Notice of Recommended Assignment (NORA)

Stude	nt Name:
Name	and Address of Parent:
Door	
This le	etter summarizes recently developed recommendations or proposed changes for your child's tion program and/or assignment.
1.	☐ Your child should begin to receive gifted education services. The school district will not proceed without your approval of this recommendation (the <i>Gifted Individualized Education Plan</i> is attached).
2.	☐ Your child's gifted education placement or services should be changed as noted in the <i>Gifted Individualized Education Plan</i> . The school district will proceed with this change unless you notify us with your written disapproval (the <i>Gifted Individualized Education Plan</i> 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 <i>Gifted Individualized Education Plan</i> conference. If you receive the notice in person and approve the recommended assignment within five calendar days, we may not implement the <i>Gifted Individualized Education Plan</i> 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.
3.	☐ 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

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	presented in person at a gifted team meethe recommended assignment within five	It by mail or five calendar days to respond to a notice eting. If you receive the notice in person and approve we calendar days, we may not discontinue services be opportunity to notify us within the five-day period of val of the recommended assignment.	of
4.	☐ Your child is graduating from high send of the current school term.	school. All gifted education services will cease at the	
5.	☐ Your child is not in need of gift assignment.	ted education and should continue in his/her present	nt
6.	☐ 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 ar	e:	
7.	☐ Other:		
	ices and programs that will meet your chi	w of the options that were used to assist in identifying ild's needs. The assignment recommended for your	
	the recommendation is appropriate (incl making the recommendations):	lude evaluation procedures, reports and other factors	
Descript	tion of the options that were considered a	and the reasons why those options were rejected:	
School I	District Superintendent Signature		

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Name		Position
Address		
Phone Number		Email Address
*****	**********	************
Directions for 1	Parents	
Please check on	e of the options, sign this form and ret	arn it within 10 days to the person listed above.
□ I ар г	prove this recommendation.	
□ I do	not approve this recommendation. My	reason for disapproval is:
	not approve this recommendation. My ☐ Due-Process Hearing*	reason for disapproval is:
I request:	☐ Due-Process Hearing*	
I request:	☐ Due-Process Hearing* wing accommodations to be made so the	☐ Mediation*
I request: I need the follow	☐ Due-Process Hearing* wing accommodations to be made so the	☐ Mediation* at I may attend the due-process hearing/mediation

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above.