



<b>Explanations of modifications, if the district is modifying the offer of FAPE:</b>	
<b>Goals:</b>	
<b>Supplemental Aids and Services:</b>	
<b>Programs and Services:</b>	

**Section 3: Programs, Services, and IEP Team** (Sections 3 - 6 must be completed for **ALL** New Enrollments)

<b>Programs/Services</b>	<b>Session Length (Minutes)</b>	<b>Number of Sessions</b> (indicate per week or month)	<b>Provider/Staff Name</b>
<b>Consult Services</b>	<b>Session Length (Minutes)</b>	<b>Number of Sessions</b> (indicate per week or month)	<b>Provider/Staff Name</b>
<b>Personal Care:</b>	No    Yes		
<b>Specialized Transportation:</b>	No    Yes	If yes, what kind?	LEA Special Bus with Lift and/or Adaptations ISD Special Bus with Lift and/or Adaptations
<b>Extended School Year:</b>	No    Yes		

**Section 4: Explanation of FAPE Offer**

<b>Explanation of why the school district is proposing or refusing to take the action:</b>
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Description of each evaluation procedure, assessment, record or report the school district used in deciding to propose or refuse the action:
Description of any other choices that the IEP Team considered and the reasons why those choices were rejected:

**Section 5: Signature of District Representative or Designee**

District Representative or Designee acknowledges the content of this New Enrollment and Prior Written Notice.	
Signature:	Date:

**Section 6: Delivery Means (to Parent/Guardian)**

Delivered By:	Date of Delivery:
Method of Delivery:	In Person      By Mail      Sent home with student      By Email