

## Notice of Recommended Assignment (NORA)

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Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Name and Address of Parent:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dear \_\_\_\_\_,

This letter summarizes recently developed recommendations or proposed changes for your child's education 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 *Gifted Individualized Education Plan* is attached).
2.  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.
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 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.
4.  Your child is graduating from high school. All gifted education services will cease at the end of the current school term.

5.  Your child is not in need of gifted education and should continue in his/her present assignment.
6.  The school district is refusing your request to initiate or change your child's:
- Identification
  - Educational placement
  - Evaluation
  - Provision of education

The reasons and basis for this refusal are:

7.  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

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**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

\_\_\_\_\_ I have received a copy of the Notice of Parental Rights for Gifted Students.  
(Please initial)

\* The enclosed *Notice of Parental Rights for Gifted Students* provides information on the options listed above.