ATTACHMENT A

[redacted]

STATE OF HAWAII
DEPARTMENT OF EDUCATION
MAKAWAO SCHOOL
3542 BALDWIN AVENUE
MAKAWAO, MAUI, HAWAII 96768

Free Appropriate Public Education Notification Letter

[redacted]

The Hawaii State Department of Education has received notification that you elected to withdraw your child from public education. This letter is to inform you that the Department stands willing and ready to provide a Free Appropriate Public Education (FAPE) to include special education and related services to your child.

If you are interested in your child receiving a FAPE, wish to schedule a meeting regarding the private school participation project or revoke consent for your child to receive a FAPE, please complete Attachment B and send it back in the enclosed self-addressed stamped envelope.

An annual IEP meeting and a reevaluation will be conducted until one (1) of the following is met by your child.

- Age 22 years or older;
- Graduated with a regular high school diploma;
- Determined through an evaluation, to no longer be a child with a disability who requires special education and related services;
- Moved out-of-state, or
- Parent(s)/legal guardian(s) revoked consent to receive special education and related services.

A copy of the "Procedural Safeguards Notice" (Attachment C) is enclosed. This is a notice containing a full explanation of your rights available under the IDEA. Should you have questions or need assistance, please contact Principal Richard Carosso at 27-5700 or via email at Richard.Carosso@k12.hi.us.

[redacted]

School Principal

ATTACHMENT B

STATE OF HAWAI'I DEPARTMENT OF EDUCATION	ANNUAL NOTIFICATION OF PARENTAL INTENT FOR CHILDREN WITH DISABILITIES

Attention: Principal/Director

Date	
Name of Parent(s)/Legal Guardian(s)	
Street Address	
City, State, Zip Code	
Phone Number	
Email Address	
Name of Child	
Child's Date of Birth	
Name of Private School/Program my Child Attends	

The Hawaii State Department of Education (Department) public school (School) received notification that I elected to withdraw my child from public education. The Department School stands willing and ready to provide a Free Appropriate Public Education (FAPE) to include special education and related services to my child.

The following option that I selected indicates my intent.

OPTION #1: REVOKE CONSENT

Not required or recommended.

☐ I revoke my consent to the continued provision of special education and related services to my child.

I understand that by **revoking my consent**:

- My child will no longer be provided special education and related services.
- The Department will no longer be required to have an Individualized Education Program (IEP) team meeting, develop an IEP, and conduct a reevaluation for my child.
- My child and I will no longer be entitled to the procedural safeguards established in the Individuals with Disabilities Education Act of 2004 (IDEA).

After revoking my consent, I understand that at any time I can contact the school and request a meeting to determine if my child is eligible for special education and related services.

Parent(s)/Legal Guardian(s) Signature

Date

Not correct LAW

By not revoking consent, I am entitled to the procedural safeguards established in the IDEA. I understand the School is obligated to provide a FAPE in the event that I choose to re-enroll my child:

- My participation in the development of my child's IEP is important; therefore, the School will contact me annually to schedule an IEP meeting.
- The School will develop an IEP whether I am able to participate or not.
- The School will contact me by the reevaluation due date to schedule a meeting to determine if my child continues to be eligible for special education and related services.
- The School will conduct a reevaluation whether I am able to participate or not.

OPTION #2: PARTICIPATE IN IEP DEVELOPMENT

Not correct LAW

☐ I am interested in my child receiving a FAPE and will participate in the development of my child's IEP. By checking the box above, I acknowledge that in order for the School to develop an IEP and provide a FAPE to my child, I am expected to provide the School with consent for the following:

- Obtain educational records from the private school, private program, or home program.
- Health records from private medical providers, if applicable.
- Observe my child at the private school, private program, or home program. The observation may be in-person, virtual, or by video recording.

You will be contacted by the School shortly and provided with consent forms for you to fill out. I further acknowledge that if I do not provide consent, it will impact the School's ability to develop the IEP and provide FAPE.

_____ _____

Parent(s)/Legal Guardian(s) Signature useless program Date

OPTION #3: PRIVATE SCHOOL PARTICIPATION PROJECT MEETING REQUESTED

Private School Participation Project (PSPP): If your child is enrolled in a private school, your child may be eligible to receive PSPP services that are currently available. Parentally placed children with disabilities do not have an individual entitlement to services they would receive if they were enrolled in a public school. This means that the amount and type of PSPP services may differ from the services your child would receive if attending a public school.

☐ I am interested in my child receiving PSPP services. By checking the box above, I acknowledge that in order for the School to develop a PSPP Plan for my child, I am expected to provide the School with consent for the following:

- Obtain educational records from the private school, private program, or home program.
- Obtain health records from private medical providers, if applicable.
- Observe my child at the private school, private program, or home program. The observation may be in-person, virtual, or by video recording.

You will be contacted by the School shortly and provided with consent forms for you to fill out. I further acknowledge that if I do not provide consent, it will impact the School's ability to develop the PSPP plan.

A representative from your child's private school must be invited to attend the PSPP meeting. If the private school representative is unable to attend the meeting after several attempts of contacting the representative, the meeting will be conducted. The name of the private school representative and contact information is as follows:

Name	
Position	
Phone Number	
Email Address	

I understand that if a **Private School Participation Service Plan is developed**:

- An IEP meeting will not be held; therefore, an IEP will not be developed.
- I can at any time request an IEP meeting to develop an IEP.
- A reevaluation meeting will be held by the three-year due date.

_____ _____

Parent(s)/Legal Guardian(s) Signature Date

Gmail

Keith Peck <supervising@advocacy-project.com>

Fwd: [redacted]

[redacted]

To: [redacted]

Cc [redacted]

Bcc: supervising@advocacy-project.com

[redacted]

Thank you for your letter. It is my understanding that the Hearings Officer determined that a FAPE was denied my son. The DOE is required to pay for my son's private program. I do not intend to rescind my son from eligibility for a FAPE. I intend to require the DOE to provide a FAPE through his private program. I am uninterested in the PSPP as he is already getting appropriate services at his private school.

Thank you,

[redacted]

[Quoted text hidden]