



**DISTRICT SCHOOL BOARD OF PASCO COUNTY
EXCEPTIONAL STUDENT EDUCATION SERVICES
INFORMED NOTICE OF:**

MIS Form #757
Rev. 7/13

- DISMISSAL FROM ALL EXCEPTIONAL STUDENT EDUCATION SERVICES**
- INTENT TO ADD and/or CHANGE EXCEPTIONAL STUDENT EDUCATION ELIGIBILITY**
- INELIGIBILITY**

Regarding _____ Date _____

Student # _____ DOB _____ Grade _____ School _____

In order to meet the educational needs of this student and to follow requirements of State Board of Education Rules, we are making the following proposal based on the information from the attached documents, which may include:

1. Eligibility Staffing
2. Eligibility Checklist(s)
3. Individual Education Plan/Transition Individual Education Plan/Family Support Plan/Education Plan
4. Evaluation Results
5. Informed Notice(s)

An Exceptional Student Education (ESE) staffing was held on _____. After review of the above information, the committee recommended the following to the Director or Designee of Exceptional Student Education:

- This student no longer requires services and/or continues to meet eligibility in the area(s) of _____
- This student meets eligibility criteria _____
- This student continues to meet eligibility criteria _____
- This student does not meet eligibility criteria in the area of _____

Placement is based on the goals and objectives in the educational plan.

Other factors, which are relevant to the proposed change of the services, include: _____

DISMISSAL FROM EXCEPTIONAL STUDENT EDUCATION:

- This student no longer meets criteria for Exceptional Student Education based upon the results of a recent reevaluation.

Other factors considered that are relevant to this proposal, include: _____

If you have any questions, please call _____ at _____.

School personnel must receive your written refusal within the next ten (10) days if you are not in agreement with this proposal.

Sincerely,

Office for Student Support Programs and Services

Central Pasco County	813.794.2594
East Pasco County	352.794.2594
West Pasco County	727.774.2594

Florida Department of Education
850.488.1570

ESE Director or Designee

Notification Method:

- | | |
|--|-------|
| <input type="checkbox"/> Provided in conference | _____ |
| <input type="checkbox"/> U.S. Mail | _____ |
| <input type="checkbox"/> Certified U.S. Mail, return receipt | _____ |
| <input type="checkbox"/> Other | _____ |

Date

- This information was presented in a language understood by the recipient.