[DATE]

[ADULT STUDENT NAME]

[ADULT STUDENT ADDRESS]

[ADULT STUDENT ADDRESS]

[ADULT STUDENT ADDRESS]

Re: Notification of your Educational Rights under the Individuals with Disabilities Education Act (IDEA)

Dear [STUDENT NAME],

The purpose of this letter is to notify you of your rights as an adult student (age 18 through 21) to receive special education services as an individual with qualifying disabilities under the federal Individuals with Disabilities Education Act (IDEA). The Office of the State Superintendent of Education (OSSE), as the State Education Agency (SEA) for the District of Columbia, is responsible for ensuring that special education services are made available to you should you wish to receive them.

[LEA NAME] is an adult education program that is not obligated to provide special education services. Enrolling in this program is your choice and may make sense for you based on your current interests and the services offered. However, as the SEA for the District of Columbia, we want to make sure you are aware of the fact that the program will not implement your Individualized Education Program (IEP) as would other traditional public school programs or other public charter school programs.

As an adult student, you may choose to remain enrolled in your current program or seek admission in your local neighborhood school or one of the many public charter schools in the District:

* *District of Columbia Public Schools*:  All District of Columbia students have a right to enroll in their neighborhood District of Columbia Public School (DCPS).  DCPS also has specialty schools and programs with additional enrollment requirements.  To locate your neighborhood school or to find out more information about enrolling at your neighborhood DCPS school, please visit [www.dc.gov/DCPS](http://www.dc.gov/DCPS) or call (202) 478-5738.
* *District of Columbia Public Charter Schools*:  District of Columbia students have a right to enroll in any public charter school with open slots in the grade for which they seek admission.  To identify a charter school that serves your grade level, please visit the District of Columbia Public Charter School Board’s website at <http://www.dcpubliccharter.com/> or call (202) 328-2660.

Please be advised, should you choose to remain enrolled at [LEA NAME], you will forfeit your right under IDEA to receive all services listed on your IEP while enrolled in the adult education program. However, please also be aware that [LEA NAME] may have obligations under Section 504 of the Rehabilitation Act of 1973 to provide accommodations to you, based on your disabilities, in the implementation of its education program. Please contact your program administrator or counselor with questions regarding how services will be provided to you in the adult education program.

Should you have any questions regarding this notice and the options available to you before making a decision, please contact:

Once you have considered your options, please make a note of your decision below and return this form to:

Sincerely,

[Insert LEA LEADER NAME]

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Adult Student Certification

\_\_\_\_\_I have been notified of my rights under IDEA and elect to seek enrollment in another program that provides special education services.

**Note to LEA:** Please upload this signed certification form into the student’s record in the Special Education Data System (SEDS).

\_\_\_\_\_I have been notified of my rights under IDEA and elect to remain enrolled in my current program and decline special education services.

**Note to LEA:** Please upload this signed certification form, a signed Revocation of Consent for Services form, and a Prior Written Notice, in SEDS.

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Printed Name Signature Date

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