

## COMPENSATORY EDUCATION AGREEMENT

Student Name:        D.O.B.:        ID:

**School:** School District of Philadelphia (SDP)

**Purpose:** The SDP considered Compensatory Education for this student for the following reasons: Child was not picked up by transportation or had a delay in transportation service.

**Source:** Compensatory Education Minutes for Special Education; Specially Designed Instruction

**Agreement:** The student is eligible for compensatory education services of Specially Designed Instruction in the total amount of \_\_\_\_\_ hours. The SDP has determined that the district will provide compensatory education to the student as follows:

**Service will begin:** November 15, 2015    **Service will conclude:** November 15, 2016

The compensatory education funds can be used for appropriate educational or remedial instruction programs; vocational services and courses; transition planning and programs; nonmedical therapies excluding those defined by related services, as that term is defined by the IDEA; educational evaluations conducted by certified and/or licensed professionals; materials and equipment that further the goals of Student's current or future IEPs and/or will assist Student in overcoming the effects of her disability. The agreement excludes the use for technology purchase. Appropriately licensed and credentialed individuals shall provide any service for which the hours herein are to be utilized and/or licensed facilities and/or Internet providers and the cost of each compensatory education hour shall not exceed \$60.00 per hour. The hours shall be used to supplement, rather than supplant, services, and programming, available under public programs. The hours will be used for services and programming not provided under Medicaid or any other governmental program for which the child is eligible.

Name

Signature

\_\_\_\_\_  
Parent/Guardian

Natalie Hess Executive Director of OSS

The parent/guardian has the opportunity to approve or disapprove the compensatory plan. Please review sign and return the attached NOREP (Notice of Recommended Education Placement), if in agreement with the compensatory plan.

NOREP/PWN

Child's Name: 7642914 Walter

**NOTICE OF RECOMMENDED EDUCATIONAL  
PLACEMENT/PRIOR WRITTEN NOTICE (NOREP/PWN)**

**School Age**

Child's Name: \_\_\_\_\_

Date Sent (mm/dd/yy): 12/14/2015

Name and Address of Parent/Guardian/Surrogate:

To the parent/guardian of: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For LEA Use Only:

Dear Parent of: \_\_\_\_\_ :

This is to notify you of the Local Education Agency's (LEA's) action regarding your child's educational program.

1. Type of action taken:

- ☐ Proposes initial provision of special education and related services (For this action, the school may not proceed without your written consent in Section 8 of this document)
- ☐ Refusal to initiate an evaluation (Must issue *Procedural Safeguards Notice*)
- ☐ Proposes to change the identification, evaluation or educational placement of the child or the provision of a free appropriate public education (FAPE)
- ☐ Refusal to change the identification, evaluation or educational placement of the child or the provision of a free appropriate public education (FAPE)
- ☐ Change of placement for disciplinary reasons (Must issue *Procedural Safeguards Notice*)
- ☐ Due process hearing, or an expedited due process hearing, initiated by LEA
- ☐ Graduation from high school
- ☐ Exiting special education
- ☐ Exiting high school due to exceeding the age eligibility for a free appropriate public education (FAPE)
- ☐ Extended School Year (ESY) services
- ☐ Response to request for an independent educational evaluation (IEE) at public expense
- ☒ Other

2. A description of the action proposed or refused by the LEA:

Compensatory Education hours in the amount of \_\_\_\_ hours.

3. An explanation of why the LEA proposed or refused to take the action:

Delay in Transportation.

4. A description of other options that the IEP team considered and the reasons why those options were rejected. If the action proposed or refused is in regard to educational placement, options considered must begin with the regular educational environment with supplementary aids and services (information about supplementary aids and services is available on the PaTTAN website at [www.pattan.net](http://www.pattan.net)):

**NOREP/PWN**

Child's Name: 7642914 Walter

Options Considered	Reason for Rejection
	None were relevant

5. A description of each evaluation procedure, assessment, record or report used as a basis for the proposed action or action refused:

IEP Review

6. A description of other factors that were relevant to the LEA's proposal or refusal:

None

7. The educational placement recommended for your child is (State the amount and type of special education supports, e.g., Itinerant Learning Support, Supplemental Autistic Support, Full-Time Emotional Support):

Not applicable.

School District  
Superintendent/Designee  
Charter School CEO

Signature

Date  
(mm/dd/yy)

You have rights and protections under the law described in the *Procedural Safeguards Notice*. If you need more information or want a copy of this notice, please contact:

Name and Title: Natalie Hess, Director of Special Education Phone: 215-400-5446

Email Address: nhess@philasd.org

**8. PARENTAL CONSENT**

Directions for Parent/Guardian/Surrogate: Please check one of the options, sign this form, and return it within 10 calendar days. In circumstances when this form is NOT completed and parental consent is NOT required, the school will proceed as proposed after 10 calendar days.

- ☐ I request an informal meeting with school personnel to discuss this recommendation.
- ☐ I approve this action/recommendation.
- ☐ I do not approve this action/recommendation.\* My reason for disapproval is:

I request (Contact the Office for Dispute Resolution at 800-360-7282 for information on Mediation and Due Process Hearing):

- ☐ Mediation
- ☐ Due Process Hearing

**NOREP/PWN**

Child's Name: 7642914 Walter

\* Except for placement in an interim alternative educational setting due to drugs, weapons, or serious bodily injury (§300.530(g), §300.530(i), and §300.531), if you do not approve the action/recommendation, your child will remain in the current program/placement only if you request a due process hearing or mediation through the Office for Dispute Resolution. If you do not request Due Process or Mediation through the Office for Dispute Resolution, the LEA will implement the action/recommendation.

**SIGN HERE:**

\_\_\_\_\_  
Parent/Guardian/Surrogate Signature

\_\_\_\_\_  
Date (mm/dd/yy)

\_\_\_\_\_  
Daytime Phone

**PLEASE RETURN THIS ENTIRE FORM TO:**

**Name:** Natalie Hess

**Address:** 440 N. Broad Street

Philadelphia, PA 19130

Attached are state and local resources you can consult to help you understand your rights and how the special education process works.

For help in understanding this form, an annotated *NOREP/Prior Written Notice* is available on the PaTTAN website at [www.pattan.net](http://www.pattan.net). Type "Annotated Forms" in the Search feature on the website. If you do not have access to the Internet, you can request the annotated form by calling PaTTAN at 800-441-3215.