

**Poughkeepsie City School District  
160 Union St.  
Poughkeepsie, NY 12601**

**Prior Written Notice  
Program Review Form Request**

Student name: ID #:  
DOB:  
School: Grade:  
Teacher:

The purpose of this notice is to request a program review, in writing, regarding the identification, evaluation, educational placement and/or provision of special education services.

DESCRIPTION OF ACTION PROPOSED (RECOMMENDED CHANGE):

EXPLANATION OF WHY THE ACTION IS PROPOSED (RATIONALE FOR RECOMMENDED CHANGE):

DESCRIPTION OF EACH EVALUATION PROCEDURE, ASSESSMENT, RECORD, OR REPORT USED IN THE DECISION TO PROPOSE OR REFUSE THE ACTION:

DESCRIPTION OF ANY OTHER OPTIONS CONSIDERED AND THE REASONS WHY THOSE OPTIONS WERE REJECTED:

DESCRIPTION OF OTHER FACTORS THAT ARE RELEVANT TO THE PROPOSED OR REFUSED ACTION:

ADDITIONAL INFORMATION RELATED TO THE SUBJECT:

CSE-03C (v1SED)