**Please place on LEA Letterhead**

Date

Recipients Name (Current SELPA Director)

Title

Current SELPA Name

Address

City, State, Zip

email address

Dear Name,

Please accept this letter as a formal notification that <LEA/s Name> intends to explore their options for SELPA membership and may exit the <Current SELPA Name> effective school year <Next School Year>.

Per Ed. Code 56195.3(b) the LEA is electing to exercise its right to ensure that <LEA/s Name> is best equipped to meet the needs of students with disabilities, it is considering membership in an alternate SELPA.

If <LEAs Name> finds that it is not in the best interest of its students to exit the <Current SELPA Name> at this time, it retains the right to rescind this notification and remain in the SELPA for the <Next School Year> school year.

Please let me know if you require further information.

Sincerely,

CC: Name, Title, Current Charter Authorizer

Susan Park, Director, Charter Schools Division, CDE

John Burch, Education Administrator, Special Education Division, CDE

Name, Title, Proposed SELPA Director, Proposed SELPA Name