

# PERMISSION TO REEVALUATE

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## School Age

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Name and Address of Parent/Guardian:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear \_\_\_\_\_ :

The school district is planning to reevaluate your child for the following reason(s):

The IEP team has reviewed existing evaluation data concerning your child and made the recommendations that there is a need for additional data. We request your consent to conduct this reevaluation. Consent is needed before we can begin. However, please be aware that after reasonable attempts if we have not received your response we are permitted by law to proceed with the reevaluation. In the reevaluation, the school district will review your child's educational needs and strengths (as shown by educational performance levels, assessment results, classroom observations, and information from you). Specific types of tests and procedures, which will be used in the reevaluation, include the following:

The reevaluation is proposed for the following date(s):

The school district will form a multidisciplinary team to conduct the reevaluation. As parent(s), you are a member of the team. If a team meeting is held, you will be invited.

Information from you is to be considered by the team as part of the reevaluation process. If you want to send written comments, please do so.

The multidisciplinary team must determine whether the child is a child with a disability and will prepare recommendations regarding your child's educational program, and whether your child continues to be in need of and eligible for special education and related services. This information will be outlined in an Evaluation Report (ER) and will be given to the Individualized Education Program (IEP) Team. The reevaluation report is to be completed and a copy of the report is to be presented to the parents no later than 60 school days after the agency receives written parental consent to reevaluate.

Please call me at the number listed below to discuss information that you feel is important to include in the reevaluation. Please read the enclosed *Procedural Safeguards Notice* that includes parent resources such as state or local advocacy organizations. If you have any questions, or if you need the services of a translator or an interpreter, please contact me.

Name	Position	Phone

**DIRECTIONS FOR PARENTS:** Please check the appropriate item(s), sign and return this form to the person below.

I consent to a reevaluation as you propose.

Please contact me. I am not ready to give consent for the reevaluation at this time and would like to arrange an informal meeting to talk about this.

I object to the proposed reevaluation; I would like to schedule

Pre-hearing conference

Mediation

Due Process Hearing

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_____	_____	
Parent/Guardian Signature	Date	Daytime
Phone		

\* The enclosed *Procedural Safeguards Notice* provides information on the options listed above.