

NOTICE AND CONSENT FOR REEVALUATION

Student: _____

The IEP Team met to discuss a reevaluation of your child. After reviewing existing information they have determined that additional data is needed to determine continued eligibility for special education and related services and/or appropriate services.

The reevaluation will include new assessments in the following checked areas:

- | | | | |
|---------------------------------------|-----------------------------------------------|--------------------------------|-------|
| <input type="checkbox"/> Vision | <input type="checkbox"/> Observation | <input type="checkbox"/> Motor | _____ |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Speech | <input type="checkbox"/> Other | _____ |
| <input type="checkbox"/> Intellectual | <input type="checkbox"/> Language | <input type="checkbox"/> Other | _____ |
| <input type="checkbox"/> Achievement | <input type="checkbox"/> Interview | <input type="checkbox"/> Other | _____ |
| <input type="checkbox"/> Behavior | <input type="checkbox"/> Developmental Scales | <input type="checkbox"/> Other | _____ |

If you give consent, the reevaluation will be provided to you at no cost. If you fail to respond, the LEA/agency may proceed with the reevaluation after two documented attempts to obtain your consent. If you refuse consent, the LEA/agency may request a mediation and/or a due process hearing.

PLEASE CHECK ONE OF THE FOLLOWING BOXES, SIGN, AND DATE THE FORM.

- I **GIVE PERMISSION** for the reevaluation that has been proposed.
 I **DO NOT GIVE PERMISSION** for the reevaluation that has been proposed. Please explain.

Signature of Parent or Student (Age 19)

Date of Signature

My signature below verifies that if you require notice and an explanation of your rights in your native language, the LEA/agency has accommodated you to ensure your understanding. You are fully protected under the rights addressed in your copy of the *Special Education Rights* document. If you have information that can assist in this reevaluation, have questions regarding this reevaluation, wish to schedule a conference, or need another copy of your rights please contact:

Name: _____ at Telephone: _____

Please return this form to: Address _____

Signature of Education Agency Official _____

Date Provided/Sent _____

Results of 1st Attempt

2nd Attempt Date _____ Action _____

Results of 2nd Attempt:

Date Signed Consent Received by Public Agency _____