

INITIAL OR REEVALUATION WRITTEN AGREEMENT(S) BETWEEN THE PARENT AND THE PUBLIC AGENCY

Student Name _____ Birth Date _____ SSID # _____

Attending School _____ Case Manager _____

Authorized public agency staff have explained to the parent that he/she is not required to enter these agreements.

If you have questions regarding this written agreement or wish to schedule a conference you may contact:

Name: _____ Telephone: _____

Please return this form to:

Address: _____

[] Waiver of 60 Day Timeline for the Completion of an Initial Evaluation of a Transfer Student

The 60 calendar day evaluation timeline for completing the initial evaluation does not apply if:

A public agency initiates an evaluation of the student; and the student moves to another public agency before the evaluation has been completed;

and the new public agency is promptly seeking information from the previous public agency and promptly completing the evaluation;

and the new public agency and you agree that the evaluation will be completed by a specific date.

I agree with the public agency that the initial evaluation will be completed by: _____

[] Three Year Reevaluation Currently Due on _____

I agree with the public agency that a three-year reevaluation is not necessary at this time.

The next reevaluation for continued eligibility determination is due on _____

Date Provided/Sent: _____

Parent/Student (Age 19) Signature

Date

Authorized Public Agency Staff Signature

Date