

PARENT NOTIFICATION
of
NO ADDITIONAL ASSESSMENT INFORMATION NEEDED
and STATUS of REEVALUATION: WARRANTED/UNWARRANTED

Student Name: _____ Grade: _____ DOB: _____ ID#: _____

Date: _____

Dear Parent/Guardian/Adult Student,

As part of the special education reevaluation process, on or about _____ (date), members of the IEP committee and Multidisciplinary Team (MDT) have reviewed the existing information regarding your child's educational needs. This information included interview information provided by you, existing evaluations, current classroom-based assessments, progress reports and observations by teachers and other staff. After a review of this information, the team has concluded that no additional data is needed to determine whether your child continues to be eligible to receive special education services (see checked box below).

- The District proposes that a formal reevaluation be conducted using existing evaluation data. A District representative will contact you when the reevaluation has been completed to schedule a formal meeting with the MDT.
- The District proposes that a formal reevaluation **is not** warranted, based on review of existing evaluation data, no identified new assessment questions, and recognition that the current eligibility is still appropriate. A District representative will contact you to seek your agreement to waive your child's reevaluation because it is not warranted.

You have the right to request further assessment to determine whether your child continues to be a child with a disability in need of special education services. If you believe that further assessment is warranted, please complete and return the lower half of this letter. If we do not receive the lower half of this letter by _____ (date) we will assume that you agree that no additional data is needed and that we can now schedule a meeting with you to discuss your child's educational needs.

Your child has procedural protections under the IDEA. These protections are explained in the "Explanations of Procedural Safeguards Available to Parents of Children with Disabilities." If you would like a copy of the procedural safeguards, or if you would like help understanding the content, please contact _____ at _____.

Sincerely,

Principal or Designee (person completing form) Title Phone

RE:

Student Name: _____ Grade: _____ DOB: _____ ID#: _____

I believe that additional assessment data is needed to determine whether my child continues to have a disability and/or continues to need special education services. Specifically, I would like this assessment to include the following:

Date: _____ Parent/Guardian Signature: _____

PLEASE RETURN THIS FORM TO THE SPECIAL EDUCATION DEPARTMENT AT YOUR CHILD'S SCHOOL