

**[DISTRICT NAME] PUBLIC SCHOOLS  
NOTICE AND CONSENT TO CONDUCT A REEVALUATION\***

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

Dear \_\_\_\_\_  
A Planning and Placement Team (PPT) meeting regarding your child, \_\_\_\_\_, \_\_\_\_\_  
(Student's Name) (DOB)

was held on \_\_\_\_\_ . The team determined that an evaluation should be conducted for the following reason:  
(meeting date)

- To comply with Federal and State regulations which require that each child receiving special education and related services must be reevaluated at least every three years to determine eligibility for special education services.
- To assess your child's current level of functioning
- Other: (specify) \_\_\_\_\_
- A copy of the Procedural Safeguards in Special Education is enclosed.
- A copy of the Procedural Safeguards in Special Education was provided to you previously this school year. If you would like another copy of the Procedural Safeguards or an explanation of these procedures, or if you have any questions, please contact:

\_\_\_\_\_ at \_\_\_\_\_  
(Name) (Telephone Number)

**This document includes the following rights:**

- A. Parents have the right to refuse consent and, if given, it may be revoked at any time.
- B. If contested, your child's current educational placement will not change until due process proceedings have been completed.
- C. Parents have the right to be fully informed of all evaluation results and must be provided with a copy of the evaluation report(s).
- D. Parents have the right to obtain an independent evaluation as part of the evaluation process.
- E. Parents have the right to utilize due process procedures.

**Evaluation Procedures:**

- The tests/evaluation procedures listed below were recommended
- The PPT has determined that no additional tests/evaluations are needed to determine continuing eligibility for special education services (and no parent consent is required) because: (specify) \_\_\_\_\_

*Parents, please be aware that you have the right to request an assessment to determine continuing eligibility for special education services and that the school district is not required to conduct such an assessment unless requested by parents.*

<u>TEST/EVALUATION PROCEDURE</u>	<u>AREA OF ASSESSMENT</u>	<u>EVALUATOR</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Special adaptations or accommodations are to be considered when indicated by the student's language, cultural background or physical status. Adaptations/accommodations required for this evaluation are:  No adaptations/accommodations required

Adaptations/accommodations required: (specify) \_\_\_\_\_

***PARENTAL CONSENT\****

**I give my consent** for the [DISTRICT NAME] Public Schools to utilize the evaluations described above. I understand that this consent may be revoked at any time.

\_\_\_\_\_ Date

Parent/Guardian Signature

**I do not give** my consent for the [DISTRICT NAME] Public Schools to conduct the evaluations described above. I understand that the school district must take steps as are necessary, which may include due process proceedings, to ensure that my child continues to receive a free appropriate public education.

\_\_\_\_\_ Date

Parent/Guardian Signature

\* Failure of the parent to respond to a request from the Board for consent to conduct a reevaluation within 10 school days from the date of the notice to the parent shall be construed as parental refusal of consent. (RCSA Section 10-76d-8(b))