

**PARENT/GUARDIAN NOTIFICATION OF DECISION REGARDING A
REQUEST FOR AN EVALUATION**

DATE: _____ STUDENT'S NAME: _____ STUDENT'S DATE OF BIRTH: _____

Dear _____:
(Parent's/Guardian's Name)

A request for a special education evaluation was made for your child on _____ by
_____ for the following reasons:
(Name and Title of person Making Request)

Request for Initial Evaluation:

- A review of the request has determined that an initial evaluation **is deemed necessary** at this time.
- A review of the request has determined that an initial evaluation **is not deemed necessary** at this time.

Request for Reevaluation:

- A review of the request has determined that a reevaluation **is deemed necessary** at this time.
- A review of the request has determined that a reevaluation **is not deemed necessary** at this time.

The reasons and relevant factors for the above indicated decision include:

If an evaluation was deemed appropriate or a reevaluation is necessary to determine a child continues to be a child with a disability, the process will begin upon the receipt of written informed consent from the parent/guardian. You and your child have rights and protections under the procedural safeguards and may wish to review your copy of, **Explanation of Procedural Safeguards**, regarding the district's decision. To discuss any concerns or if you have any questions regarding this decision, please contact:

- Parent/Guardian provided a copy of the **Explanation of Procedural Safeguards**.

Name: _____ Title: _____ Phone: _____

Sincerely,

(Signature)

Name: _____

Title: _____