

PARENT/GUARDIAN CONSENT FOR REEVALUATION

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

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

Each school district shall ensure that a reevaluation is conducted for each child being reconsidered for special education and related services. A reevaluation must occur at least once every three years unless the parent and school district agree that a reevaluation is not needed. A reevaluation may not occur more than once a year, unless the parent and school district agree it is necessary. The purpose of a reevaluation is to determine:

- Whether the child continues to have one or more disabilities;
- The present levels of academic achievement and functional performance of the child;
- Whether the disability is adversely affecting the child's education
- Whether the child continues to need special education and related services; and
- Whether any additions or modifications to the child's special education and related services are needed to enable the child to meet the measurable annual goals in the Individualized Education Program (IEP) and to participate appropriately in the general curriculum, extracurricular activities and other nonacademic activities.

An evaluation considers domains (areas related to the suspected disability) that may be relevant to the educational problems experienced by the individual child under consideration. The nature and intensity of the evaluation, including which domains will be addressed, will vary depending on the needs of your child and the type of existing information already available. The IEP Team, of which you are a member, determines the specific assessments needed to evaluate the individual needs of your child. Upon completion of your child's evaluation, a conference will be scheduled with you to discuss the findings and determine eligibility for special education and related services.

The IEP team must complete pages 2 and 3 of this form prior to obtaining parental consent for a reevaluation. If the IEP team determines no additional evaluation is needed, then parental agreement and not parental consent is required.

PARENT/GUARDIAN AGREEMENT THAT NO ADDITIONAL DATA IS NEEDED

I understand the school district is not required to conduct a reevaluation to determine if my child continues to be a child with a disability. However, I may request the school district to conduct the reevaluation.

I agree I do not agree with the determination that no additional data is needed.

Date: _____ Parent/Guardian Signature: _____

PARENT/GUARDIAN CONSENT TO COLLECT ADDITIONAL EVALUATION DATA

I understand the school district must have my consent for the reevaluation. If I refuse consent, the school district may, but is not required to, pursue override procedures through due process. If the school district chooses not to pursue such procedures, the school district is not in violation of the required evaluation procedures. Furthermore, I understand that if I fail to respond to the request for consent, the school district may pursue the reevaluation if the school district made reasonable efforts to obtain such consent. I understand my rights as explained to me and contained in the Explanation of Procedural Safeguards. I understand the scope of the evaluation as described on pages 2 and 3 of this form.

I give consent I do not give consent to collect the evaluation data as described on page 2 and/or 3 of this form.

I agree to waive the ten (10) calendar day notice prior to evaluation. Parent initials _____.

Date: _____ Parent/Guardian Signature: _____

I have received a copy of the Explanation of Procedural Safeguards.

Date: _____ Parent/Guardian Signature: _____

Student Name: _____ Date: _____ Birthdate: _____

PARENT/GUARDIAN CONSENT FOR EVALUATION

Identification of Needed Assessments

This form must be completed by the IEP team.

| DOMAIN | RELEVANT | EXISTING INFORMATION ABOUT THE CHILD | ADDITIONAL EVALUATION DATA NEEDED | SOURCES FROM WHICH DATA WILL BE OBTAINED |
|--|-----------|--------------------------------------|-----------------------------------|--|
| | Yes or No | | | |
| Academic Achievement Current or past academic functioning data pertinent to current educational performance. | _____ | | | |
| Functional Performance Current or past functional performance data pertinent to current functional performance. | _____ | | | |
| Cognitive Functioning Data regarding cognitive ability, how the child takes information, understands information, and expresses information. | _____ | | | |
| Communication Status Information regarding communicative abilities (language, articulation, voice, fluency) affecting educational performance. | _____ | | | |

Student Name: _____ Date: _____ Birthdate: _____

PARENT/GUARDIAN CONSENT FOR EVALUATION

Identification of Needed Assessments

This form must be completed by the IEP team.

| DOMAIN | RELEVANT | EXISTING INFORMATION ABOUT THE CHILD | ADDITIONAL EVALUATION DATA NEEDED | SOURCES FROM WHICH DATA WILL BE OBTAINED |
|--|-----------|--------------------------------------|-----------------------------------|--|
| | Yes or No | | | |
| <p align="center">Health</p> <p>Current or past medical difficulties affecting educational performance.</p> | _____ | | | |
| <p align="center">Hearing/Vision</p> <p>Auditory/visual problems that would interfere with testing or educational performance. Dates and results of last hearing/visual test.</p> | _____ | | | |
| <p align="center">Motor Abilities</p> <p>Fine and gross motor coordination difficulties, functional mobility, or strength and endurance issues affecting educational performance.</p> | _____ | | | |
| <p align="center">Social/Emotional Status</p> <p>Information regarding how the environment affects educational performance (life history, adaptive behavior, independent functioning, personal and social responsibility, cultural background).</p> | _____ | | | |