

**PERMISSION TO REEVALUATE /
AGREEMENT TO WAIVE REEVALUATION**

***** School Age

Date: _____

Student's Name: _____

Name and Address of Parent/Guardian: _____

Dear _____:

The law requires a reevaluation to be conducted at least once every three years, unless the parent and local education agency (LEA) agree that a reevaluation is unnecessary. Students with mental retardation **must** be reevaluated every two years.

The LEA is recommending that a reevaluation is unnecessary at this time because:

OR

We are planning to reevaluate your child for the following reason(s):

- The IEP team has reviewed existing evaluation data concerning your child and made the recommendation that there is a need for additional data.
- Parent request for reevaluation.
- Teacher request for reevaluation.
- Other (Please specify): _____

In the reevaluation, we will review your child's educational needs and strengths as shown by academic achievement and functional performance, a review of existing data, current classroom-based observations and evaluations, local and state assessments, and information from you. Specific types of assessment tools, tests and procedures that will be used in the evaluation include the following:

We request your consent to conduct this reevaluation. Consent is needed before we can begin. However, please be aware that after reasonable attempts if we have not received your response we are permitted by law to proceed with the reevaluation.

A multidisciplinary team will conduct the reevaluation. As parent(s), you are a member of the team. If a team meeting is held, you will be invited. Information from you is to be considered by the team as part of the reevaluation process. If you want to send written comments, please do so.

The multidisciplinary team must determine whether your child continues to be in need of and eligible for special education and related services. This information will be outlined in an Reevaluation Report (RR) and, if your child continues to need special education, recommendations will be given to the Individualized Education Program (IEP) Team. The reevaluation report is to be completed and a copy of the report is to be presented to you no later than 60 school days (60 calendar days for charter schools) after we receive your written consent to reevaluate.

The reevaluation is proposed for the following date(s): _____

If you have any questions or if you need the services of an interpreter, please contact me.

Name	Position	Phone
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DIRECTIONS FOR PARENTS: Please check the appropriate item(s) and sign below.

- I agree that a reevaluation is unnecessary at this time. *This option is not available for parents of children with mental retardation, as they must be reevaluated every two years.*
- I consent to a reevaluation as you propose.
- I object to the proposal regarding reevaluation; I would like to schedule
 - An informal meeting to discuss this request with school personnel
 - Pre-hearing conference (not applicable for charter schools)
 - Mediation
 - Due Process Hearing

Parent/Guardian Signature	Date	Daytime Phone
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Please return this entire form to:

Name: _____
Address: _____

A copy of the *Procedural Safeguards Notice* explaining your rights is available from your child’s school.