Dear _____________________________:
(Parent)

The school district believes that ________________________ should be identified/should no longer be identified/requires a change in or modification of the service agreement.

The basis for the belief that the student is or is no longer a protected handicapped student is:
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

The proposed change or modification in the service agreement is:
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

The procedures and types of tests that will be used in the evaluation are:
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

If you have any additional information or medical records which will assist in this evaluation, please forward them to me or call me at ___________________ to discuss this information.

Parents have the right to review all relevant school records of the student, meet with appropriate school officials to discuss any and all issues relevant to the evaluation and accommodations of their child, and give or withhold their written consent to these evaluations.
Directions: Please check one of the options and sign the form.

_____ I give my permission to proceed with the evaluation and/or modifications of the service agreement.

_____ I do not give my permission to proceed with the evaluation and/or modification of the service agreement.

My reason for disapproval is:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

_____ I request an informal conference to discuss the evaluation and/or modification of the service agreement.

________________________________________  ______________________

Parent(s) Signature  Date

REFERENCES:

State Board of Education Regulations

22 Pa. Code Chapter 15

BUREAU/OFFICE CONTACT:

Bureau of Special Education
Pennsylvania Department of Education
333 Market Street
Harrisburg, PA 17126-0333
Phone: 717.783.6134