

REQUEST FOR CONSENT FOR A REEVALUATION

Child's Name:

For LEA Use Only: Date of Receipt of Signed Request For Consent for a Reevaluation _____

REQUEST FOR CONSENT FOR A REEVALUATION

School Age

Date Sent (mm/dd/yy):	
Child's First & Last Name:	
Parent/Guardian/Surrogate Name:	
Parent/Guardian/Surrogate Address:	

Dear _____ :

The school (LEA) proposes to conduct additional assessment because the IEP team, including you the parent, has reviewed your child's existing educational data and determined there is a need for additional information.

Additional information will assist the evaluation team in determining:

- Whether your child continues to be a child with a disability;
- The educational needs of your child;
- The present levels of academic achievement and related functional needs of your child;
- Whether your child continues to need special education and related services; and
- Whether any additions or modifications to the special education and related services are needed to enable your child to meet the measurable annual goals set out in the IEP, and to participate, as appropriate, in the general education curriculum.

The following types of tests and assessments will be administered to your child to gather additional information:

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REQUEST FOR CONSENT FOR A REEVALUATION

Child's Name:

PARENTAL CONSENT FOR A SPECIAL EDUCATION REEVALUATION

Upon receipt of parental consent, an evaluation team will conduct additional tests and assessments. As the parent(s), you are a member of the evaluation team and will be included in the reevaluation process and receive a copy of the *Reevaluation Report*. The reevaluation procedures do not require a meeting prior to receipt of the *Reevaluation Report*.

Consent must be requested before the evaluation team can begin the additional tests and assessments. However, please be aware that after reasonable attempts have been made and documented, *if the school (LEA) has not received a response from you, the school (LEA) is permitted by law to proceed with the reevaluation.*

The evaluation team will determine whether your child continues to be a child with a disability and the educational needs of your child. The results of the reevaluation will be included in a *Reevaluation Report (RR)*. If your child continues to be eligible for special education, you will be invited to participate in an *Individualized Education Program (IEP)* team meeting. The *IEP* will outline the special education and related services that will be provided to your child.

TIMELINE FOR A SPECIAL EDUCATION REEVALUATION

The *Reevaluation Report* must be completed within 60 calendar days from the date of the school's (LEA's) receipt of a signed *Request for Consent for a Reevaluation*, excluding summer break. Reevaluations must re-occur every 3 years, or 2 years for students with intellectual disability, from the date of the *Evaluation Report*; prior *Reevaluation Report*; or *Agreement to Waive Reevaluation*.

Please read the enclosed *Procedural Safeguards Notice* that explains your rights and includes state and local advocacy organizations that are available to help you understand your rights and how the special education process works. **Keep a copy of this form for your records.**

DIRECTIONS FOR PARENT/GUARDIAN/SURROGATE:

Please **indicate your option for the LEA to conduct additional tests and assessments**, sign, and return this entire form to the school (LEA).

1. I would like to schedule an informal meeting with school (LEA) personnel to discuss this action
2. I give consent to the proposed action of the school (LEA).
3. I do **NOT** give consent to the proposed action of the LEA and request the following:
 - Informal Meeting with School (LEA) Personnel
 - Mediation**
 - Due Process Hearing**

**To initiate mediation or a due process hearing, as the parent you must submit your request to the Office for Dispute Resolution (ODR). To learn more about this process, contact the Special Education Consult Line at 800-879-2301 or visit the ODR website at www.odr-pa.org.

REQUEST FOR CONSENT FOR A REEVALUATION

Child's Name:

SIGN HERE:

Parent/Guardian/Surrogate Signature

Date (mm/dd/yy)

Daytime Phone

PLEASE RETURN THIS ENTIRE FORM TO:

School (LEA) Contact		Email	
Position		Phone	

For help in understanding this form, an annotated version can be found on the PaTTAN website at www.pattan.net. Once on the PaTTAN home page, select the *Legal* tab, then select *Special Education Forms*, and then *Annotated Forms*.

If you do not have access to the Internet, call PaTTAN at 800-441-3215 and request a copy of the annotated form.