**REEVALUATION: NOTICE AND CONSENT**

**REGARDING NEED TO CONDUCT**

**ADDITIONAL ASSESSMENTS**

**Form RE-5 (Rev. 05/2018)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SCHOOL DISTRICT**

*[If you need this notice in a different language or communicated in a different way, or have*

*questions about this notice, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.]*

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previously, you were notified of the school district’s intent to reevaluate your child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The individualized education program (IEP) team is responsible for this reevaluation. You are a participant on the IEP team. The IEP team considered existing evaluation assessments, procedures, records or reports as documented on the Existing Data Review To Determine If Additional Assessments Or Evaluations Are Needed (DPI Model Form ED-1).

The IEP team has determined that additional assessments or other evaluation materials are needed to determine whether your child continues to have a disability (impairment and a need for special education), and to identify your child’s current educational needs.

□ You participated in making this determination on \_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the following way: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

□ You did not participate in making this determination and the school district made 3 attempts to involve you as follows:

The school district needs your written consent (permission) before it can administer assessments or other evaluation materials to your child. With your consent the following assessments or other evaluation materials will be administered:

|  |  |  |
| --- | --- | --- |
| **Areas to be evaluated** | **Description of assessments and other evaluation materials and titles, if known** | **Name of evaluator,**  **if known** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Other evaluation options, if any, considered and reasons rejected, including a description of any other factors relevant to the proposed evaluation of this child:

□ None

Following the administration of these assessments or other evaluation materials, the IEP team will meet to review the results of these assessments and other evaluation materials along with other existing information available on your child, including information provided by you. Using the results of these assessments or other evaluation materials along with other available information, the IEP team will make a determination of whether your child continues to have a disability. As a participant on the IEP team, you will be involved in this determination. Upon completion of the reevaluation, the IEP team will prepare an evaluation report which will include documentation of your child’s eligibility for special education. You will be provided with a copy of the evaluation report. If the IEP team determines that your child continues to have a disability, the team will review and revise, as appropriate, your child’s IEP and determine a placement to carry out the IEP. You will be provided with a notice of placement and a copy of your child’s IEP. If it is determined by the IEP team that your child no longer needs special education, you will be provided with a notice of that finding.

If at any point during an IEP team meeting to determine your child’s continued eligibility for special education or educational needs, review or revise your child’s IEP, or determine a placement to carry out the IEP, you or other IEP team participants believe that additional time is needed to permit your meaningful involvement, additional time will be provided. This IEP team process may be concluded in one meeting or may require more than one meeting depending on individual circumstances. In addition and upon request you may receive a copy of the IEP team’s most recent evaluation report.

You and your child have protection under the procedural safeguards (rights) of special education law. The school district must provide you with a copy of your procedural safeguards once a year. Enclosed is a copy or earlier this year you received a copy of your procedural safeguard rights in a brochure about parent and child rights. If you would like another copy of this brochure, please contact the district at the telephone number above. In addition to district staff, you may also contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ if you have questions about your rights.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Title of District Contact Person

**PARENT CONSENT/PERMISSION TO ADMINISTER ASSESSMENTS AND**

**OTHER EVALUATION MATERIALS AS PART OF A REEVALUATION**

I understand that if I do not respond to the school district’s requests for my written consent (permission) to administer these assessments or other evaluation materials, the school district is permitted to proceed with the assessments or other evaluation materials without my written consent.

I understand the action proposed by the school district and

*(please check appropriate box below, sign and date, and return one copy to the school district)*

□ I give my consent for the school district to administer these assessments or other evaluation materials described in this notice to my child as part of a reevaluation. I understand that my consent is voluntary and may be revoked at any time before the administration of assessments or other evaluation materials.

□ I do not give my consent for the school district to administer these assessments or other evaluation materials described in this notice to my child as part of a reevaluation. I understand that if I do not give my written consent for the school district to administer these assessments or other evaluation materials, the school district may request mediation or initiate a due process hearing regarding whether those assessments or other evaluation materials should be administered.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent or legal guardian or adult student Date

**For School District Use Only**

**Date school district received parent consent**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(month/day/year)