

AGREEMENT TO WAIVE REEVALUATION
Child's Name:

AGREEMENT TO WAIVE REEVALUATION

School Age

Child's Name: _____

Date Sent (mm/dd/yy): _____

Name and Address of Parent/Guardian/Surrogate:

For LEA Use Only:
Date of Receipt of Agreement to Waive Form

Dear _____ :

Special education law requires that a reevaluation of every child with a disability be conducted at least once every three years, unless the parent and Local Education Agency (LEA) agree that a reevaluation is unnecessary.

We have reviewed your child's progress to date on IEP goals. Based on this review, we are recommending that a reevaluation is NOT necessary and be waived for the following reasons:

Parental agreement to waiving the reevaluation must be in writing. If you have any questions about waiving the reevaluation, or if you need the services of an interpreter, please contact me.

Name: _____ Position: _____
Phone: _____ Email: _____

DIRECTIONS FOR PARENT/GUARDIAN/SURROGATE: Please check either 1 or 2 and sign below.

- 1. Yes, I agree that my child does not need to be reevaluated at this time; however I understand that I may request a reevaluation at a later date.
- 2. No, I do not agree to waive a reevaluation and would like to have my child reevaluated.

Parent/Guardian/Surrogate Signature Date (mm/dd/yy) Daytime Phone

PLEASE RETURN THIS ENTIRE FORM TO:

Name: _____
Address: _____

A copy of the *Procedural Safeguards Notice* is available upon request from your child's school. This document 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.

For help in understanding this form, an annotated *Agreement to Waive Reevaluation* is available on the PaTTAN website at www.pattan.net Type "Annotated Forms" in the Search feature on the website. If you do not have access to the Internet, you can request the annotated form by calling PaTTAN at 800-441-3215.