PRIOR WRITTEN NOTICE FOR A REEVALUATION AND REQUEST FOR CONSENT FORM

School Age

Child's Name:	
Date Sent (mm/dd/yy):	
Name and Address of Parent/Guardian/Surrogate:	
	For School(LEA) Use Only: Date of Receipt of Prior Written Notice/Consent Form
Dear	
This form is issued when the school (LEA) proposes to conduct a reevaluation of additional information in order to determine educational needs and contin education and related services, or is in response to parent request for a reev must issue this form to provide prior written notice and obtain written conse guardian before conducting a reevaluation that includes additional assessmer	ued eligibility for special aluation. The school (LEA) nt from a child's parent or

Please review the proposed action. If you have questions, please feel free to discuss them with the school (LEA).

School (LEA) Contact	Email
Position	Phone

TYPE OF ACTION PROPOSED:

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



- 1. EXPLANATION OF WHY THE REEVALUATION IS PROPOSED:
- 2. DESCRIPTION OF THE DATA USED AS BASIS FOR PROPOSED REEVALUATION (INCLUDING EACH EVALUATION PROCEDURE, ASSESSMENT, RECORD OR REPORT USED AS BASIS FOR PROPOSED REEVALUATION):

3. OTHER FACTORS CONSIDERED RELEVANT TO THE PROPOSED REEVALUATION:

4. OTHER OPTIONS CONSIDERED RELEVANT TO THE PROPOSED REEVALUATION AND WHY THE OTHER OPTIONS WERE REJECTED:

During the reevaluation, additional data/information will be collected in the areas described below. This 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 PROPOSED REEVALUATION WILL CONSIST OF THE FOLLOWING TYPES OF TESTS AND ASSESSMENTS:

PARENTAL CONSENT FOR A SPECIAL EDUCATION REEVALUATION

Upon receipt of parental consent, an evaluation team will conduct the additional assessments and evaluations. 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 reevaluation. However, please be aware that after reasonable attempts, *if the LEA has not received a response from you, the school (LEA) is permitted by law to proceed with the reevaluation.*

PRIOR WRITTEN NOTICE FOR REEVALUATION AND REQUEST FOR CONSENT FORM Child's Name:

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 *Prior Written Notice for Reevaluation and Request for Consent form*, 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: Consent is voluntary for reevaluation. Please consider the following options:

- 1. I would like to schedule an informal meeting with school (LEA) personnel to discuss this action.
- 2. I give consent to the proposed reevaluation.
- 3. I do not give consent to the proposed reevaluation.***

***If you selected option 3, you may request an informal meeting with school (LEA) personnel, mediation or a due process hearing.

I would like to request:

- □ 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 ConsultLine at 800-879-2301 or visit the ODR website at <u>www.odr-pa.org</u>.

I object to the proposed reevaluation and my reason is (not required):

SIGN HERE:

Parent/Guardian/Surrogate Signature

Daytime Phone

PLEASE RETURN THIS ENTIRE FORM TO:

Name:

Address:

For help in understanding this form, an annotated *Prior Written Notice for Reevaluation and Request for Consent Form* is available on the PaTTAN website at <u>www.pattan.net</u> Once on the PaTTAN home page, select the Legal tab, then select 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.