

# WRITTEN NOTICE OF PROPOSAL FOR REEVALUATION AND REQUEST FOR CONSENT

Date Sent \_\_\_\_\_

Student's name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

School Attending \_\_\_\_\_ Grade \_\_\_\_\_ Teacher of Record \_\_\_\_\_

The public agency is proposing to conduct a reevaluation. The decision to conduct this reevaluation was based on the following information:

- To determine that my child continue to be, or is no longer, eligible for special education and related service. This reevaluation is due at the next annual case conference committee meeting scheduled for \_\_\_\_\_.
- To determine that my child is eligible for special education and related services under a different or additional eligibility category. This reevaluation is due 50 school days after parent consent. The category is \_\_\_\_\_.
- To inform my child's case conference committee of my child's special education and related service needs. (ie: such as need for assistive technology or OT/PT). This reevaluation is due 50 school days after parent consent.
- The data supports the student continues to be eligible for special education and no further testing is needed.

This Written Notice is to advise you that the school proposes to conduct the reevaluation as indicated below and is seeking to obtain your written consent for this reevaluation plan. The reevaluation procedures will include the review of existing data, and if necessary, the collection of additional data in the areas of:

- |   |   |
|---|---|
| <input type="checkbox"/> Assessment of progress and interventions   | <input type="checkbox"/> Functional literacy  |
| <input type="checkbox"/> Academic achievement   | <input type="checkbox"/> Functional vision  |
| <input type="checkbox"/> Cognitive ability and functioning  | <input type="checkbox"/> Motor skills as it relates to travel assessment for vision                               |
| <input type="checkbox"/> Review or functional skills or adaptive behavior skills  | <input type="checkbox"/> Fine motor skills and/or sensory processing as it relates to <i>occupational therapy</i> |
| <input type="checkbox"/> Assessment of articulation, fluency, and voice   | <input type="checkbox"/> Gross motor skills as it relates to <i>physical therapy</i>                              |
| <input type="checkbox"/> Assessment of communication...in mode of student   | <input type="checkbox"/> An observation to document academic progress and needs in area of difficulty             |
| <input type="checkbox"/> Observation of student's speech by an SLP  | <input type="checkbox"/> Systematic observation across various environments                                       |
| <input type="checkbox"/> Assessment of receptive, expressive pragmatic and social communication (Autism referrals only) | <input type="checkbox"/> Available educationally relevant medical/mental health information                       |
| <input type="checkbox"/> Review of emotional and behavioral functioning   | <input type="checkbox"/> Developmental Levels (age 3-4 only)  |
| <input type="checkbox"/> A functional behavioral assessment   |   |
| <input type="checkbox"/> Social Developmental History   |   |

Other areas to assess \_\_\_\_\_

If a reevaluation is being conducted, updated information may be needed from you on the social and developmental history. Please complete the *Reevaluation Social and Developmental History* form (if enclosed) and return it with this signed Written Notice and Consent form. Once these are received, the school will begin the reevaluation process.

## CONSENT FOR SCHOOL TO CONDUCT REEVALUATION

**Notice of Procedural Rights:** As the parent or guardian, you have protection under the procedural safeguards described in 511 IAC 7-37-1 and contained in the enclosed Notice of Procedural Safeguards. Assistance in understanding the provisions of Indiana's special education rules or the procedural safeguards may be obtained from a variety of agencies and organizations listed on the Notice of Procedural Safeguards.

By my signature below, I consent to the reevaluation plan for the student and as described in this Written Notice of Proposal of Reevaluation and Request for Consent form.

**Initial all appropriate lines below, sign and return to special education teacher of record:**

- \_\_\_\_\_ No evaluation is required and I agree the student continues to be eligible for special education.
- \_\_\_\_\_ Permission for the reevaluation as described above, is voluntarily given. I understand I may revoke my permission by writing to the \_\_\_\_\_ Director; however this will have no effect on any testing that has already occurred.
- \_\_\_\_\_ I have received a written copy of the Notice of Procedural Safeguards and Parent Rights in Special Education. This includes sources where I may contact to obtain assistance for understanding the evaluation process.

Parent or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_