

Notice of Intent to Reevaluate - Consent

Student name Jason Patterson Student # 49 DOB 2/6/2002
Serving school Alder Elementary IEP Mgr Steve Bigelow Grade 1 Age 6 y 9 m
Home school _____ Language _____ Interpreter needed?
Last Eval Date _____ Next Eval Date ? _____

Dear Parent/Guardian/Adult Student:

This is to **notify you of a referral for a reevaluation** for the following reasons:

Other options considered and reason(s) for rejecting them: Reevaluation is required by state and federal regulation.

Other relevant factors, if any:

Reevaluations focus on determining: (1) continuing eligibility and need for special education services; (2) present levels of performance and educational needs; and (3) if there should be any additions or modifications to the current services. A reevaluation must also be conducted before a student is exited from special education.

The evaluation may consider one or more of the following areas: academic, adaptive, behavior/social/emotional, cognitive, health, physical/motor, speech/language, and vocational (if age 14 or older). It may include either a file review or individual testing of achievement, interviews, rating scales, or other procedures determined necessary by the evaluation team. This determination is made by reviewing existing information, including any information you provide. You will be invited to review the results with us at the completion of the evaluation and participate in determining eligibility and placement recommendations. You will be invited to a feedback meeting to discuss the results and recommendations when the reevaluation is completed.

State and federal laws guarantee that you have specific rights regarding the procedures. You have previously received a copy of the Notice of Procedural Safeguards booklet. If you need another copy or would like help in understanding the content, please contact me. All information collected during the evaluation will be kept confidential and will be used only by authorized school personnel as required by the Family Education Rights and Privacy Act.

The reevaluation process is important in designing and maintaining an educational program that meets each student's needs. Please indicate below whether or not you give your permission for testing. No signature is required if testing does not take place. Also, please forward any pertinent information that would contribute to the reevaluation of your child. If you have any questions please call me at:

John Newhoff 11/24/2008

Special Ed Teacher

(Date)

(Phone)

Date consent signed: _____ Scheduled Completion Date: _____

As parent/guardian of the named student (or as the named student, if an adult),

I **Do** **Do Not** give my consent for the testing to determine continuing eligibility and need for special education services. I have been fully informed of all information relevant to the proposed evaluation. I understand that my consent is voluntary and may be withdrawn at any time but that withdrawal of consent is not retroactive.

As parent/guardian of the named student (or as the named student, if an adult)

I **Do** **Do Not** give my consent for the district to submit the above name and birth date to the Department of Social and Health Services (DSHS) to verify Medicaid eligibility.

Parent/Guardian/Adult Student Signature

Date