LaSalle/Putnam County Educational Alliance for Special Education
1009 Boyce Memorial Drive
Ottawa IL 61350

Phone/TDD: (815) 433-6433
FAX: (815) 433-6164
Email: lease@lease-sped.org

Date:
Name of Student:
Date of Birth:

Parent/Guardian Notification of Decision Regarding a Request for an Evaluation

Dear

A request for a special education evaluation was made for your child on

by for the following reasons:

Request for Initial Evaluation

☐ A review of the request has determined that an initial evaluation **is not appropriate** at this time.

☐ A review of the request has determined that an initial evaluation **is appropriate** at this time.

Request for Reevaluation

☐ A review of the request has determined that a reevaluation **is deemed necessary** at this time.

☐ A review of the request has determined that a reevaluation **is not deemed necessary** at this time.

The reasons and relevant factors for the above indicated decision include:

If an evaluation was deemed appropriate or a reevaluation is necessary to determine a child continues to be a child with a disability, the process will begin upon the receipt of written informed consent from the parent/guardian. You and your child have rights and protections under the procedural safeguards and may wish to review your copy of, **Explanation of Procedural Safeguards;** regarding the district's decision. To discuss any concerns or if you have any questions regarding this decision, please contact:

☐ **Parent/Guardian provided a copy of the Explanation of Procedural Safeguards.**

Name: **Title:** **Phone:**

Sincerely,

_____
(Signature)

Name : _____

Title: _____