

LaSalle/Putnam County Educational Alliance for Special Education

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Parent/Guardian Consent For Reevaluation

Date: _____ **Name of Student:** _____ **Date of Birth:** _____

Dear

Each school district shall ensure that a full and individual evaluation is conducted for each child being considered for special education and related services. The purpose of an evaluation is to determine:

- Whether the child has one or more disabilities;
- The present levels of academic achievement and functional performance of the child;
- Whether the disability is adversely affecting the child’s education;
- Whether the child needs special education and related services; and,
- Whether any additions or modifications to the child’s special education and related services are needed to enable the child to meet the measurable annual goals in the Individualized Education Program (IEP) and to participate appropriately in the general curriculum, extracurricular activities and other nonacademic activities.

An evaluation considers domains (areas related to the suspected disability) that may be relevant to the educational problems experienced by the individual child under consideration. The nature and intensity of the evaluation, including which domains will be addressed, will vary depending on the needs of your child and the type of existing information already available. The IEP Team, of which you are a member, determines the specific assessments needed to evaluate the individual needs of your child. Upon completion of your child’s evaluation, a conference will be scheduled with you to discuss the findings and determine eligibility for special education and related services.

The IEP Team must complete page 2 of this form prior to obtaining parental consent for evaluation. If the IEP team determines no additional evaluation is needed, then parental agreement and not parental consent is required.

PARENT/GUARDIAN AGREEMENT THAT NO ADDITIONAL DATA OR REEVALUATION IS NEEDED

I understand the school district is not required to conduct a reevaluation to determine if my child continues to be a child with a disability. However, I may request the school district to conduct the reevaluation.

I agree **I do not agree** *with the determination that no additional data or reevaluation is needed.*

Date: _____ Signature of Parent/Guardian: _____

I understand the school district must have my consent for the reevaluation. If I refuse consent, the school district may, but is not required to pursue override procedures through due process. If the school district chooses not to pursue such procedures, the school district is not in violation of providing free appropriate public education to my child. Furthermore, I understand that if I fail to respond to the request for consent, the school district may pursue the reevaluation if the school district made reasonable efforts to obtain such consent. I understand my rights as explained to me and contained on the **Explanation of Procedural Safeguards**. I understand the scope as described on page 2 of this form.

I give consent **I do not give consent** *to collect the evaluation data as described on page 2 of this form.*

Date: _____ Signature of Parent/Guardian: _____