

PERMISSION TO REEVALUATE - CONSENT FORM
Child's Name:

PERMISSION TO REEVALUATE - CONSENT FORM

School Age

School Personnel must issue this form to obtain written consent from a child's parent to conduct a reevaluation.

Child's Name: _____

Date Sent (mm/dd/yy): _____

Name and Address of Parent/Guardian/Surrogate:

For LEA Use Only:
Date of Receipt of Consent Form:

Dear _____ :

We are planning to reevaluate your child for the following reason(s):

The IEP team has reviewed existing evaluation data concerning your child and made the recommendation that there is a need for more information about your child. Additional information needed includes:

Parental request for reevaluation.

Other (Please specify):

In the proposed reevaluation, we will use the following types of assessment tools, tests and procedures:

Consent must be requested before we can begin the reevaluation. However, please be aware that after reasonable attempts, if we have not received a response from you, we are permitted by law to proceed with the reevaluation.

A team will conduct the proposed reevaluation. As the parent(s), you are a member of the reevaluation team. Any information you can provide is important to us. Please send your ideas and concerns to us in writing or contact the person listed below if you would prefer to discuss your concerns. If a team meeting is held you will be invited. Information from all team members will be considered during the reevaluation process.

The team will determine whether your child continues to be in need of and eligible for special education and related services. The results of the reevaluation will be outlined in a *Reevaluation Report (RR)*. If your child continues to need special education, recommendations will be given to the Individualized Education Program (IEP) team.

The *Reevaluation Report* is to be completed and a copy given to you no later than 60 calendar days after we have received your written permission to reevaluate your child. This 60 calendar day timeline does not include the summer break. The 60 calendar day timeline will begin on the day we receive this signed *Consent Form* from you giving us permission to conduct the reevaluation.

Keep a copy of this form for your records.

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Child's Name: _____

If you have any questions, or if you need the services of an interpreter, please contact me.

Name: _____ Position: _____

Phone: _____ Email: _____

DIRECTIONS FOR PARENT/GUARDIAN/SURROGATE: Please check either item 1 or 2. Select item 3 if desired.

- 1. I consent to a reevaluation.
- 2. I do not consent to a reevaluation; I would like to schedule:
 - Mediation
 - Due process hearing
- 3. I would like to schedule an informal meeting with school personnel to discuss this request.

SIGN HERE:

Parent/Guardian/Surrogate Signature Date (mm/dd/yy) Daytime Phone

PLEASE RETURN THIS ENTIRE FORM TO:

Name: _____

Address: _____

A copy of the *Procedural Safeguards Notice* is available upon request from your child's school. This document 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.

For help in understanding this form, an annotated *Permission to Reevaluate - Consent Form* is available on the PaTTAN website at www.pattan.net Type "Annotated Forms" in the Search feature on the website. If you do not have access to the Internet, you can request the annotated form by calling PaTTAN at 800-441-3215.

Parent/Guardian Input Form

Name and Address of Parent/Guardian/Surrogate: _____

1516 JUDSON WAY
PHILADELPHIA, PA 19121

Email: _____

Fax: _____

Dear _____:

_____ has been referred for an Reevaluation to determine if he/she continues to be eligible for special education programs and services offered by the District. Your input is very important to this process. As a member of the Reevaluation Team, you have important information about _____ that needs to be included in the Reevaluation Report.

Please complete the information below and return it with the Permission to Reevaluate. If you need further information, feel free to contact the person listed below.

Name: _____

Position: _____

Phone: (215) 299-4662

Email: _____

We look forward to working with you.

Sincerely,

Title: _____

1. Please describe _____'s strengths including information about home, school and in the community:

2. Please describe any learning problems _____ is experiencing in reading. Give specific examples:

3. Please describe any learning problems _____ is experiencing in math. Give specific examples:

4. Please describe any learning problems _____ is experiencing in writing/spelling. Give specific examples:

5. Please describe any behavior problems _____ is experiencing. Give specific examples:

6. Are there any outside individuals or agencies providing services to _____ which you feel are important to supporting _____'s educational needs?

7. Are there any concerns with _____'s sitting, feeding, dressing, toileting, walking and/or moving?

If so, please provide specific concerns:

8. What are _____'s interests, preferences, aptitudes? (for secondary transition)

Parent/Guardian/Surrogate Signature

Date