

**SAMPLE NOTICE FOLLOWING A REEVALUATION PLANNING MEETING:
ADDITIONAL ASSESSMENT REQUIRED**

Date: _____

Parent's Name: _____

Address: _____

City, State ZIP Code: _____

Dear (parent's name):

As the result of a reevaluation planning meeting held with you on (date), the IEP team decided that additional information is required to determine your child (name)'s eligibility for special education and related services and to develop his/her IEP. This decision was made as the result of a review of the current information and data available at the meeting. Therefore, the district proposes to conduct the following assessment(s) of your child and requests your consent to conduct the assessment(s):

Areas of Suspected Disability:

Assessment Procedures:

Evaluators (by discipline):

___ Standardized Test(s):

___ Functional Assessment(s):

___ Related (Therapy) Services

___ Other: (Please specify)

The following is a description of any other options discussed (when other options were considered) and the reasons why they were rejected:

PROCEDURAL SAFEGUARDS STATEMENT:

As the parent of a student with disabilities, you have rights regarding the identification, evaluation, classification, the development of an IEP, placement, and the provision of a free, appropriate public education under the New Jersey Administrative Code for Special Education, N.J.A.C. 6A:14. A description of these rights, which are called procedural safeguards, is contained in the document, *Parental Rights in Special Education (PRISE)*. This document is published by the New Jersey Department of Education.

A copy of *PRISE* is provided to you one time per year and upon referral for an initial evaluation, when you request a due process hearing or complaint investigation and when a disciplinary action that constitutes a change of placement is initiated. In addition you may request a copy by contacting (name of office or district personnel) at (phone).

For help in understanding your rights, you may contact any of the following:

(name of school district representative) (phone)

Statewide Parent Advocacy Network (SPAN) at 1(800) 654-7726

New Jersey Protection and Advocacy, Inc. at 1(800) 922-7233

The New Jersey Department of Education through the (name of) County Office,
(name of county supervisor of child study), (phone)

Please Note:

If you do not respond to this request for consent to conduct a reevaluation, the district may proceed with the proposed assessments when it can show that you have not responded to attempts to obtain your consent.

A school district may not use your refusal to consent to one activity under this proposal to deny a child any other service or benefit. This means you may consent to allow the district to initiate those portions of the proposal with which you agree while you use the appropriate form of dispute resolution to resolve those portions of the proposal with which you disagree [See 34 CFR §300.300(c)(3)]. The district must proceed with the activities for which you have given consent.

If you have any questions regarding this notice, please contact me.

Sincerely,
(Name)
(Position)
(Phone Number)

PARENTAL CONSENT

Please complete the consent form below and return it to (Name of Person) at (Address).

I have read the (name of district)'s proposal to reevaluate my child, (name) and:

____ I consent to the proposed assessments as listed in the attached notice.

____ I consent to the following assessments listed in the attached notice:

____ I do not consent to the proposed assessments as listed in the attached notice.

I understand that if I do not consent, the (name of district) may initiate mediation or a due process hearing to obtain consent.

(Parent/Guardian)

(Date)