

**SAMPLE NOTICE FOLLOWING AN IDENTIFICATION/EVALUATION PLANNING MEETING**

Date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State ZIP Code: \_\_\_\_\_

Dear (parent's name):

As the result of an identification and evaluation planning meeting held with you on (date), the (school district) proposes to evaluate your child for special education and related services. 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)<sup>1</sup>:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ 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:

\_\_\_\_\_  
<sup>1</sup> A functional assessment includes assessment of academic performance and where appropriate, assessment of: behavior, language needs for LEP students, communication needs and the need for assistive technology. A functional assessment consists of an observation, interviews, record review, a review of interventions in general education and one or more informal measures.

**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)

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

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

Attachments: New Jersey Administrative Code, (N.J.A.C.) 6A:14, Special Education  
New Jersey Administrative Code (N.J.A.C.) 1:6A, Office of Administrative  
Law, Special Education Program

**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 evaluate 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)