SAMPLE NOTICE RE-DETERMINATION OF ELIGIBILITY: THE STUDENT IS ELIGIBLE

Parent Name:
Address:
Address: City, State, ZIP:
Date:
Dear <u>(parent's name)</u> :
The purpose of this letter is to notify you that the (<u>name of district</u>) has completed the reevaluation of your child, <u>(student name)</u> , and conducted an eligibility meeting on <u>(date)</u> . At the meeting, the following relevant information was reviewed:
Assessments
Other evaluative data (teacher reports, student work samples, etc.)
Student records
As a result, it was determined that your child continues to be eligible for specia education and related services because:
s/he has a disability that corresponds to one or more of the disabilities defined in N.J.A.C. 6A:14-3.5 (c)1-14;
the disability adversely affects his/her classroom performance; and
s/he needs special education and related services.
List other options (if any) that were discussed and the reasons they were

You may review this decision for 15 days from your receipt of this notice. After that time it becomes effective. If you disagree with the district's determination, you may request mediation or a due process hearing from the New Jersey Department of Education, Office of Special Education Programs to dispute this determination. Please refer to *Parental Rights in Special Education* for information regarding the processes for resolving disputes.

rejected:

PROCEDURAL SAFEGUARDS STATEMENT:

As the parent of a student, or as an adult student, who has been determined eligible for special education and related services, 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 <u>(name of office or district personnel)</u> at <u>(phone)</u>.

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 <u>(name of)</u> County Office, <u>(name of county supervisor of child study)</u>, <u>(phone)</u>

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

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