

**SAMPLE NOTICE
REEVALUATION PLANNING MEETING:
NO ASSESSMENT REQUIRED**

Date: _____

Parent's Name: _____

Address: _____

City, State ZIP Code: _____

Dear (parent's name) :

As a result of a review of existing information conducted at the reevaluation planning meeting held with you on (date), the IEP team has concluded that no additional information is required to determine your child, (Name)'s eligibility and, when eligible, develop his/her individualized education program (IEP). Based upon current information and data available, additional testing is not warranted and will not be conducted at this time. However, in accordance with N.J.A.C. 6A:14-3.8(b)3 you may submit a written request to the district within 15 calendar days of receipt of this notice to ask for additional assessment(s) and the district must provide the additional assessment(s) to determine whether your child continues to be a student with a disability.

The following is a description of other options discussed and the reasons why they were rejected:

The decision(s) regarding the reevaluation process will become effective in 15 calendar days from your receipt of this notice. You may dispute any decision(s) regarding the reevaluation process by requesting mediation and/or a due process hearing according to N.J.A.C. 6A:14-2.6 and 2.7 prior to the expiration of the 15 calendar days.

PROCEDURAL SAFEGUARDS STATEMENT:

As the parent of a student, or as an adult 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)