

**PARENT/GUARDIAN NOTIFICATION OF DECISION REGARDING A
REQUEST FOR AN EVALUATION**

DATE: _____ STUDENT'S NAME: _____ STUDENT'S DATE OF BIRTH: _____

Dear _____:
Parent(s)/Guardian(s) Name)

A request for a special education evaluation was made for your child on _____ by _____
(Name & Title of person Making Request)

for the following reasons:

Request for Initial Evaluation:

- A review of the request has determined that an initial evaluation is deemed necessary at this time.
 A review of the request has determined that an initial evaluation is not deemed necessary at this time.

Request for Reevaluation:

- A review of the request has determined that a reevaluation is deemed necessary at this time.
 A review of the request has determined that a reevaluation is not deemed necessary at this time.

The reasons and relevant factors for the above indicated decision include:

If an evaluation was deemed appropriate or a reevaluation is necessary to determine a child continues to be a child with a disability, the process will begin upon the receipt of written informed consent from the parent/guardian. You and your child have rights and protections under the procedural safeguards and may wish to review your copy of, **Explanation of Procedural Safeguards**, regarding the district's decision. To discuss any concerns or if you have any questions regarding this decision, please contact:

Name: _____ Title: _____ Telephone: _____

Sincerely,

(Signature)

Name: _____

Title: _____

- Parent/Guardian provided a copy of the **Explanation of Procedural Safeguards**.