

Notice and Consent for Reevaluation

School District:

Date of Notice:

Parent's Name:

Child's Name:

1. Explanation of why the district proposes to reevaluate your child:
2. Any options the district considered:
3. Reasons why the above options were rejected:
4. This proposal is based on the evaluation procedures, tests, records or reports described below:
5. Any other factors which are relevant to this proposal:

The district proposes to conduct the following components of the reevaluation:

- Academic
- Intellectual
- Perceptual and Motor
- Social and Emotional
- Speech and Language
- Other

Parents of children with disabilities have rights which are protected under the procedural safeguards of the Individuals with Disabilities Act (IDEA). A copy of your parental rights is enclosed. If you have any questions regarding this notice or your rights you may contact:

_____ at _____.

ADDITIONAL RESOURCES

You may contact any of the following resources to help you understand the federal and state laws for educating children with disabilities and parental rights granted by those laws. The following items are enclosed: (1) A copy of your parental rights; (2) A copy of Rule 55; and (3) A copy of the procedures for filing a complaint under Rule 51-009.08. An explanation of your rights will be provided at no cost by any of the following organizations:

555 Nebraska Parent Training Center:
444 Nebraska Advocacy Services:

800-284-8520 or 402-346-0525
800-422-6091 or 402-474-3183

GIVE CONSENT FOR REEVALUATION

I have received a copy of the Notice of this proposed reevaluation and procedural safeguards, understand the content of the Notice and give consent for the multidisciplinary evaluation specified in this Notice. I understand this consent is voluntary and may be revoked at any time.

Signature of Parents

Date

DO NOT GIVE CONSENT FOR REEVALUATION

I have received a copy of the Notice of this proposed reevaluation and procedural safeguards, understand the content of the Notice and do not give consent for the multidisciplinary evaluation specified in this Notice. The reason for not giving consent to the evaluation is:

Signature of Parents

Date