

Parental Notification of Request for Initial Evaluation

Date: _____

Dear Parent:

Your child _____ has been referred for an individualized evaluation for special education and related services by _____ on _____ for the following reason(s):

Prior to this request the following interventions have been implemented. (Summarized intervention data is attached)

There will be a review of your child’s school records to determine whether your child requires an individualized evaluation. Preliminary procedures, such as observations of your child, assessment for instructional purposes and or consultation with the person making the referral and a conference with your child may be conducted.

If it is determined an individualized evaluation is needed, you will receive written notice of this decision. You will also be invited to a meeting to discuss the educational concerns regarding your child. At this meeting, the IEP team will look at eight domains that may be relevant to the educational needs of your child and determine the specific assessments needed to evaluate your child’s individual needs. Prior to any evaluation, your written parental consent is required.

If it is determined that an individualized evaluation is not necessary, other recommendation(s) to address your child’s educational needs will be specified to you in writing.

To ensure your input regarding your child’s educational progress, please complete and return the enclosed “Parent Summary.” This information will assist school personnel in the decision making process.

Your rights during this process are described on the enclosed “Notice of Procedural Safeguards for Parents/Guardians of Students with Disabilities.” If you have any questions, please contact me at _____.

Sincerely,

Principal/ Case Manager