# PRIOR WRITTEN NOTICE FOR EVALUATION OR REEVALUATION AND REQUEST FOR CONSENT

**To** _____ **Date** _____
(Parent/Legal Educational Decision Maker)

**Address** _____

**On behalf of** _____
(Student's Name)

_____

The [LEA] has been requested, or proposes, to complete the following action to consider your child's needs for special education services. Please review the items marked. If you have questions, please feel free to discuss them with the [LEA] education staff.

## A. SPECIAL EDUCATION ACTION PROPOSED:

☐ **1. The [ LEA ] proposes to conduct an initial evaluation. (Parental Consent Required)**

The team is proposing to conduct an initial evaluation of your child.-Information will be collected in the areas checked on the following page that provide relevant information that directly assists the team in determining:

- whether your child is a child with an exceptionality and the educational needs of your child;
- the present levels of academic achievement and related developmental needs of your child; and
- whether your child needs special education and related services.

☐ **No additional information is needed.** Based on a review of currently available information, it has been determined that no additional data are needed to conduct the initial evaluation as described above. Existing information will be used that will provide relevant information that will directly assist the team in determining the educational needs of your child in the areas checked below.

However, you have the right to request that an assessment be completed. If you want such an assessment to be conducted, please contact the following school representative indicated below within 10 school days.

☐ **2. The [ LEA ] proposes to conduct a reevaluation. (Parental consent required)**

The team is proposing to conduct a reevaluation of your child. Information will be collected in the areas checked on the following page that provide relevant information that directly assists the team in determining:

- whether your child continues to be a child with an exceptionality and the educational needs of your child;
- the present levels of academic achievement and related developmental needs of your child;
- whether your child continues to need special education and related services; and
- whether any additions or modifications to the special education and related services are needed to enable your child to meet the measurable annual goals set out in the IEP of your child and to participate, as appropriate, in the general education curriculum.

☐ **No additional information is needed.** Based on a review of currently available information, it has been determined that no additional data are needed to conduct the reevaluation as described above. Existing information will be used that will provide relevant information that will directly assist the team in determining the educational needs of your child in the areas checked below.

However, you have the right to request that an assessment be completed. If you want such an assessment to be conducted, please contact the following school representative indicated below within 10 school days.

☐ **3. The [LEA] refuses to conduct an initial evaluation. (Parental Consent Not Required)**

☐ **4. The [LEA] refuses to conduct a reevaluation. (Parental Consent Not Required)**

_____ at _____
(School Contact Person) (Phone)

| New Data | Existing Data | |
|---|---|---|
| ☐ | ☐ | **Health/Motor Ability -**<br><br>May include assessment of gross and fine motor skills, and/or evidence of disease or injury. Assessment may also include laterality, directionality, balance, kinesthetic skills, tactile skills, or ambulatory/postural problems. |
| ☐ | ☐ | **Vision -**<br><br>May include assessment of near and far point visual acuity, eye muscle control, depth perception, color blindness and orientation/mobility skills. |
| ☐ | ☐ | **Hearing -**<br><br>May include assessment of acuity for pure-tones and speech, middle ear function, central auditory processing skills and the need for/use of amplification. |
| ☐ | ☐ | **Social/Emotional Status/Behavioral Status -**<br><br>May include assessment of social/emotional/behavioral development in relation to the child's learning, interpersonal relationships, feelings and/or physical symptoms. May include a functional behavioral assessment or evaluation to determine appropriate positive behavioral supports. |
| ☐ | ☐ | **General Intelligence –**<br><br>May include assessment of general cognitive abilities including the child's rate of learning, problem solving skills, level of conceptual understanding, use of cognitive strategies and/or ability to reason and/or generalize. |
| ☐ | ☐ | **Academic Performance –**<br><br>May include assessment of academic or preacademic skills and achievement levels in relation to the general curriculum such as oral or written expression, reading skills or comprehension, mathematical calculation or reasoning. For a child who is blind or visually impaired, the need for Braille instruction may be assessed. |
| ☐ | ☐ | **Communicative Status –**<br><br>May include assessment of the child's ability to convey and comprehend information and social intent, including skills such as expressive and receptive language, articulation, voice, fluency, or augmentative communication. For a child who is deaf or hard of hearing, consideration of the child's language and communication may be assessed. |
| ☐ | ☐ | **Transition Skills –**<br><br>May include appropriate transition assessment related to training, education, employment, courses of study, and where appropriate, independent living skills. |
| ☐ | ☐ | **Other Specify:** |

**B. EXPLANATION OF WHY THE ACTION IS PROPOSED OR REFUSED:**

**C. OPTIONS CONSIDERED AND WHY THE OPTIONS WERE REJECTED:**

**D. DESCRIPTION OF THE DATA USED AS BASIS FOR THE PROPOSED OR REFUSED ACTION:**
(including each evaluation procedure, assessment, record or report used as a basis for the proposed or refused action**)**

**E. OTHER FACTORS CONSIDERED RELEVENT TO THE PROPOSED OR REFUSED ACTION:**

**PROCEDURAL SAFEGUARDS TO PROTECT PARENT'S RIGHTS**

Both state and federal laws concerning the education of children with exceptionalities include many parental rights. Receiving notices of action the school wants to take in regard to your child and being a part of your child's educational planning team are examples of your rights. These laws also require that the school follow certain procedures to make sure you know your rights and have an opportunity to exercise those rights. The school is required to give you a copy of the rights of a parent at least one time each school year. You received a copy of your rights when the initial referral for evaluation was made. You should carefully read them and, if you have any questions regarding your rights or if you wish to receive an additional copy of your rights, you may contact the special education director of the school or special education cooperative.

## ADDITIONAL INFORMATION

You may contact any of the following resources to help you understand the federal and state laws for educating children with exceptionalities and parental rights (procedural safeguards) granted by those laws: Kansas State Dept. of Education 800-203-9462; Disability Rights Center of Kansas (DRC) (877) 776-1541; Families Together, Inc. 800-264-6343; and Keys for Networking 785-233-8732.

## DELIVERY

I, _____,

☐ hand delivered,

☐ mailed,

☐ other _____
(specify)

this notice to _____ on _____.
(Name) (Date)

## REQUEST FOR CONSENT FOR SPECIAL EDUCATION ACTION

*(If Required)*

We ask that you give us consent to carry out special education action as indicated on the attached notice. Any disagreement we have regarding any of the above matters may be resolved by our mutual agreement, through mediation or through due process proceedings. An explanation of mediation and due process proceedings is provided upon request. The proposed action(s) may begin immediately upon receiving your written permission. If this is an initial evaluation your consent initiates a 60 school day timeline that, if your child is eligible, will conclude with your consent to implement special education and related services according to an IEP. If you have any questions regarding this notice, you may contact the following school representative:

_____at_____

(School Contact Person) (Phone)

**If you wish to consent to the special education actions specified in this notice, please sign and date this form (below) and return it to the school representative indicated above.**

***GIVE CONSENT***

☐ I ***give consent*** *for the evaluation or reevaluation specified in this notice for my child.*
*I understand this consent is voluntary and may be revoked at any time, but that revocation does not negate an action that occurs after consent is given and before consent is revoked.*

***DO NOT GIVE CONSENT***

☐ I ***do not give consent*** *for the evaluation or reevaluation specified in this notice for my child.*

_____ Date _____

(Parent/Legal Education Decision Maker)

_____ Date _____

(Parent/Legal Education Decision Maker)