

## Notice of Reevaluation

**Student:** \_\_\_\_\_ **STN:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

The public agency is proposing to conduct a reevaluation. The decision to conduct this reevaluation was based on:

Reevaluation begins with qualified professionals reviewing existing evaluation data, including evaluations, current assessments, observations and information provided by the parent. On the basis of that review, it will be determined what additional data, if any, are needed to:

- determine that my child continues to be, or is no longer, eligible for special education and related services. This reevaluation is due at the next annual case conference committee meeting.
- determine that my child is eligible for special education and related services under a different or additional eligibility category. This reevaluation is due 50 instructional days after I give my consent.
- inform my child's case conference committee of my child's special education and related service needs. This reevaluation is due 50 instructional days after I give my consent.

The reevaluation procedures will include the review of existing data and, if necessary, the collection of additional data in the areas of:

I understand the proposed reevaluation procedures. I understand that a parent of a student with a disability has protection under the procedural safeguards and that I can request a copy of the procedural safeguards at any time. The procedural safeguards document includes a list of resources to contact for assistance in understanding the provisions of Indiana special education rules.

I understand that if I do not respond to this notice, the public agency may conduct the reevaluation if it makes a reasonable effort to obtain my consent. I also understand that if I refuse to consent to this reevaluation, the public agency may pursue mediation or due process to obtain consent to conduct the reevaluation.

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**Sign**

**Date**