

Dubois – Spencer – Perry

Exceptional Children's Co-op

NOTIFICATION OF REQUEST FOR REEVALUATION

Complete this form anytime a parent requests an educational reevaluation for a student OR when a school proposed and proceeds with the reevaluation process.

Fax this completed form to the DSP Exceptional Children's Co-op. (See below for the appropriate fax number.)

STUDENT INFORMATION

Student Name _____ Grade _____

School of Residence _____ School Attending _____

The purpose of the reevaluation is:

- to reestablish eligibility in the same disability area (one year timeline)
- to determine eligibility under a different or additional eligibility category (20 or 50 day timeline)
- to inform the CCC of the student's needs, such as the student's need for assistive

technology, behavior intervention plan, or a related service (50 day timeline)

If determining eligibility under a different or additional eligibility category, specifically SLD or LI, did the student participate in a process that assessed the student's response to scientific, research-based interventions? _____

REQUEST FOR REEVALUATION

Re-evaluation request made by: School Personnel (specify title) _____ skip to Written Notice section

Parent please answer the next 2 questions

- Date request from parent was received by certified school personnel _____
(10-day timeline to review records begins on this date)
- How was the parent request made? (verbally, in writing, fax, email, etc.) _____

WRITTEN NOTICE (SCHOOL'S RESPONSE TO THE PARENT REQUEST FOR REEVALUATION)

Date the written notice was sent to the parent: _____

- Request for reevaluation was denied
- Request for reevaluation was granted to parent OR school proposed to evaluate the student
 - 20 day evaluation timeline
 - 50 day evaluation timeline
 - One year evaluation timeline

CONSENT FOR REEVALUATION

Date the consent for reevaluation was received from the parent _____

North Office
1520 Saint Charles St., #2
Jasper, IN 47546
Phone 812-482-6661
Fax 812-482-9381

South Office
319 S. 5th St., Room 15
Rockport, IN 47635
Phone 812-649-9991
Fax 812-649-9997