

Date Sent:

\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_Municipal Schools

- Initial Evaluation
- Reevaluation
- Special Request

**PRIOR WRITTEN NOTICE OF FULL AND INDIVIDUAL EVALUATION**

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

**DOB:** \_\_\_\_\_

You will also receive a form that we will ask you to sign requesting your informed consent (permission) for the initial evaluation or reevaluation of your child.

**We want to do a comprehensive evaluation of your child (check applicable boxes):**

- To determine whether your child is a child with a disability.
- To determine whether your child continues to be a child with a disability.
- To determine the educational needs of your child including whether your child needs special education and related services.

**We have carefully reviewed your child’s school records, information from his/her/ teachers, and information you have shared with us. This proposal to evaluate or reevaluate your child is based on the following evaluation procedure(s), assessment(s), record(s), or report(s) (describe the existing data that was considered by the SST or IEP Team):**

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**More information is needed to determine your child’s needs and to plan an appropriate school program. The reason we are proposing this evaluation is because:**

- We suspect your child may have a disability and need special education services.
- It is time for the 3-year reevaluation of your child and the IEP/Multidisciplinary Team has determined that additional evaluation is needed.
- The IEP Team/Multidisciplinary Team/your child’s teacher has recommended additional evaluation/reevaluation because \_\_\_\_\_.
- The IEP Team/Multidisciplinary Team/your child’s teacher suspects your child may no longer have a disability or a need for special education services.
- You requested a reevaluation.

**Before proposing this evaluation, we considered the following alternatives:**

OPTIONS CONSIDERED	OPTIONS REJECTED
<input type="checkbox"/> Continue providing Tier II interventions <input type="checkbox"/> Rely on existing data to determine disability <input type="checkbox"/> Rely on existing data to educational need <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	

\*\* The child must be assessed in all areas of suspected disability, including, if appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities. 34 C.F.R. §300.304(c)(4).

**\*\*We want to evaluate your child in all areas listed below.**

LANGUAGE (COMMUNICATION)

Speech and language problems may affect ones ability to talk, understand, read and write. We want to find out how well your child understands what is said to him/her/ and how well your child can express thoughts. If your child has trouble speaking clearly, we may test him/her to find the nature of the problem. Speech disorders may range from a few speech sound errors or repetitions of sounds or words to a total loss of the ability to use speech to communicate effectively. We may give such tests as: \_\_\_\_\_

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PHYSICAL (FINE MOTOR, GROSS MOTOR, VISION, HEARING, HEALTH)

Some children suffer from orthopedic or health impairments that adversely affect their educational performance. We want to know if any motor, vision, hearing or health problems make it difficult for your child to do his/her school work. As part of our evaluation of your child, we may ask your permission to communicate with your child's health care providers and exchange information. We may also give such tests as: \_\_\_\_\_

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EMOTIONAL/BEHAVIORAL

Some children suffer from emotional or behavioral disorders. We want to know whether your child's behavior impacts his/her learning or the learning of others. If your child's behavior impacts learning, we will want to understand the nature of the problem and identify strategies to address the problem. We will collect information from you and your child's teachers. A school psychologist or other qualified professional may observe your child in the school setting, interview you and your child. We may also give such tests as: \_\_\_\_\_

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SOCIOLOGICAL

We want to get some information about your child's home life and the kinds of experiences he/she has had in your family. This information will help us sort out the reasons why your child may be struggling with learning. School staff members may be calling to talk to you about this. We may also give such tests as: \_\_\_\_\_

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INTELLECTUAL/ADAPTIVE BEHAVIOR

We want to evaluate your child's general mental capability including his/her ability to reason, plan, solve problems, think abstractly, comprehend ideas, learn quickly and learn from experiences, compared to others of the same age. We also want to find out how well your child takes care of himself/herself at home and at school. We will collect information from you and your child's teachers. We may also give such tests as: \_\_\_\_\_

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EDUCATIONAL LEARNING COMPETENCIES (ACADEMIC PERFORMANCE)

We want to find out how your child is performing in reading, math, written language, spelling, and any other academic areas, including job-related skills, if appropriate. We want to look at your child's learning experiences, the instruction he/she has received and how well he/she responds to appropriate instruction. We want to determine what he/she knows and what he/she needs to learn. We will collect information from your child's teachers. We may also give such tests as: \_\_\_\_\_

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**Other factors relevant to this proposal to evaluate (if applicable) are as follows:**

**Procedural Safeguards Information:** The parents of a child with a disability have protection under the Individuals with Disabilities Education Act (IDEA) procedural safeguards. Federal regulations require that parents and adult students be provided a copy of the procedural safeguards (rights) available to the parents of a child with a disability in their native language or other mode of communication one time a school year and upon initial referral or parent request for evaluation, upon receipt of the first State complaint or first due process hearing in a school year, when a decision is made to make a disciplinary change of placement, and upon request of the parent or adult student.

Check applicable box:

- This is an initial referral or parent request for evaluation and a copy of the procedural safeguards is enclosed with this form.
  
- This is an initial referral or parent request for evaluation and, as part of this initial referral or parent request, a copy of the procedural safeguards was given on: \_\_\_\_\_ to: \_\_\_\_\_  
by: \_\_\_\_\_.
  
- If this notice is not an initial referral for evaluation, you can obtain a copy of a description of the procedural safeguards by:  
\_\_\_\_\_

**The following are resources for the parents to contact for help in understanding Part B of the IDEA:**

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