

AGREEMENT TO WAIVE REEVALUATION

Child's Name _____

Date of Birth _____

*******Early Intervention**

Child's Name:

Date of Birth:

Date:

Name and Address of Parent/Guardian/Surrogate:

For Use by Local Education Agency (LEA) Only
Date of Receipt of Written Agreement

Dear _____ :

The law requires that a reevaluation of every child with a disability be conducted at least once every two years, unless the parent and local Early Intervention program agree that a reevaluation is unnecessary.

We have reviewed your child's progress to date on IEP goals. Based on this review, we are recommending that a reevaluation is NOT necessary and should be waived because:

Parental agreement to waiving the reevaluation must be in writing. If you have any questions about waiving the reevaluation, or if you need the services of an interpreter, please contact me.

Name: _____ Position: _____

Phone: _____ Email: _____

DIRECTIONS FOR PARENT/GUARDIAN/SURROGATE: Please check either 1 or 2 and sign below.

- 1. Yes, I agree that my child does not need to be reevaluated at this time; however I understand that I may request a reevaluation at a later date.
- 2. No, I do not agree to waive a reevaluation and would like to have my child reevaluated.

Parent/Guardian/Surrogate	Date	Daytime Phone
Signature		

Please return this entire form to:

Name:

Address:

A copy of the *Procedural Safeguards Notice* explaining your rights is available upon request from your child's program.

For help in understanding this form, an annotated Agreement to Waive Reevaluation form is available on the PaTTAN website at www.pattan.net. Type "Annotated Forms" in the Search feature on the website.