

PERMISSION TO REEVALUATE

Child's Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_

\*\*\*\*\*Early Intervention

If a parent has asked any professional Early Intervention employee or administrator to reevaluate his/her child, the Early Intervention Program must issue this permission to reevaluate form within 10 calendar days of a parent's oral request.

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 Permission to Reevaluate:
\_\_\_\_\_

Dear \_\_\_\_\_ :

We are planning to reevaluate your child for the following reason(s):

[ ] The IEP team has reviewed existing evaluation data concerning your child and made the recommendation that there is a need for more information about your child. Additional information needed includes:
\_\_\_\_\_

[ ] Parent request for reevaluation.

[ ] Other (Please specify):

In the proposed reevaluation, we will use the following types of assessment tools, tests and procedures:

Consent must be requested before we can begin the reevaluation. However, please be aware that after reasonable attempts, if we have not received a response from you, we are permitted by law to proceed with the reevaluation.

A team will conduct the proposed reevaluation. As the parent(s), you are a member of the reevaluation team. Information from all team members is important and will be considered in the reevaluation process. You can send comments to us in writing or contact us to provide additional information. Feel free to contact us if you need assistance in doing so. You will be invited to any meetings we hold related to the reevaluation.

The team will determine whether your child continues to be in need of and eligible for Preschool Early Intervention and related services. This information will be outlined in a Preschool Reevaluation Report and, if your child continues to need Preschool Early Intervention, recommendations will be given to the Individualized Education Program (IEP) team.

The Reevaluation Report is to be completed and a copy given to you no later than 60 calendar days after we have received your written permission to reevaluate your child. The 60 calendar day timeline will begin on the day we receive this signed form from you giving us permission to conduct the reevaluation.

We recommend that you keep a copy of this form for your records.

## PERMISSION TO REEVALUATE

Child's Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_

If you have any questions, or if you need the services of an interpreter, please contact me.

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**DIRECTIONS FOR PARENT/GUARDIAN/SURROGATE:** Please check either item 1 or 2. Select item 3 if desired.

1.  I consent to a reevaluation.
2.  I do not give consent to a reevaluation; I would like to schedule:
  - Mediation
  - Due process hearing
3.  I would like to schedule an informal meeting to discuss this request with Early Intervention personnel.

### SIGN HERE:

\_\_\_\_\_  
Parent/Guardian/Surrogate  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daytime Phone

Please note that if the Early Intervention Program disagrees with your request, the Notice of Recommended Educational Placement/Prior Written Notice (NOREP/PWN) containing the reason for the disagreement along with a Procedural Safeguards Notice explaining your rights will be sent to you.

### PLEASE RETURN THIS ENTIRE FORM TO:

Name:

Address:

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

**For help in understanding** this form, an annotated Permission to Reevaluate form is available on the PaTTAN website at [www.pattan.net](http://www.pattan.net). Type "Annotated Forms" in the Search feature on the website.