

# WRITTEN NOTICE OF SCHOOL'S REFUSAL TO CONDUCT A REEVALUATION

Date Sent \_\_\_\_\_

Student's name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

School Attending \_\_\_\_\_ Grade \_\_\_\_\_ Teacher of Record \_\_\_\_\_

The public agency is refusing to conduct the following educational evaluation that you requested at this time.

- To determine that my child continue to be, or is no longer, eligible for special education and related service. This reevaluation is due at the next annual case conference committee meeting scheduled for \_\_\_\_\_.
- To determine that my child is eligible for special education and related services under a different or additional eligibility category. This reevaluation is due 50 days after parent consent. The category is \_\_\_\_\_.
- To inform my child's case conference committee of my child's special education and related service needs. (ie: such as need for assistive technology or OT/PT). This reevaluation is due 50 days after parent consent.
- The data supports the student continues to be eligible for special education and no further testing is needed.

The school has determined it is NOT necessary to complete a reevaluation to determine if this student remains eligible for special education services nor is there data to support a reevaluation for an additional or different disability. This decision was based on the following:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Progress reports on goals      | <input type="checkbox"/> Review of District & State tests  | <input type="checkbox"/> Behavior reports               |
| <input type="checkbox"/> Classroom work samples         | <input type="checkbox"/> Teacher observation and/or report | <input type="checkbox"/> Independent evaluation results |
| <input type="checkbox"/> Students grades                | <input type="checkbox"/> Intervention services reports     | <input type="checkbox"/> Medical records                |
| <input type="checkbox"/> Related services staff reports |  | <input type="checkbox"/> Information from parent(s)     |

Other assessment information: \_\_\_\_\_

Other factors that were considered relevant to the school's decision include ( if none, indicate none here) \_\_\_\_\_

## Notice of Procedural Rights:

As the parent or guardian, you have protection under the procedural safeguards described in 511 IAC-7-37-1 and contained in the enclosed Notice of Procedural Safeguards. Assistance in understanding the provisions of Indiana's special education rules or the procedural safeguards may be obtained from a variety of agencies and organizations listed on the Notice of Procedural Safeguards. If you have questions about the school's decision, this form or the Notice of Procedural Safeguards, you may contact (Contact Name) \_\_\_\_\_ at (Phone Number) \_\_\_\_\_.

If you disagree and wish to contest the school's decision, you have the right to:

- a) request a meeting with the school principal and district director of special education to discuss the information gathered and the reason(s) for the decision, or
- b) request mediation in accordance with 511 IAC 7-45-2. Mediation is made available at no cost to the parent, but both the parent and the school must agree to participate. To obtain a copy of the Request for Mediation form, please contact the Director
- c) Request a due process hearing in accordance with 511 IAC 7-45-3. For more information on this process and to download the form, go to: <http://ideanet.doe.state.in.us/exceptional/speced/docs/2008-08-15-RequestDueProcessHearing-PaperVer..pdf>.

SCHOOL OFFICE USE ONLY:

Date Refusal of Reevaluation sent to Parent: \_\_\_\_\_ Sent by \_\_\_\_\_