

PERMISSION TO REEVALUATE - CONSENT FORM  
Child's Name:

**PERMISSION TO REEVALUATE - CONSENT FORM**

**School Age**

School Personnel must issue this form to obtain written consent from a child's parent to conduct a reevaluation.

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

Date Sent (mm/dd/yy): \_\_\_\_\_

Name and Address of Parent/Guardian/Surrogate:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*For LEA Use Only:*  
Date of Receipt of Consent Form:

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:

\_\_\_\_\_

Parental 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. Any information you can provide is important to us. Please send your ideas and concerns to us in writing or contact the person listed below if you would prefer to discuss your concerns. If a team meeting is held you will be invited. Information from all team members will be considered during the reevaluation process.

The team will determine whether your child continues to be in need of and eligible for special education and related services. The results of the reevaluation will be outlined in a *Reevaluation Report (RR)*. If your child continues to need special education, 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. This 60 calendar day timeline does not include the summer break. The 60 calendar day timeline will begin on the day we receive this signed *Consent Form* from you giving us permission to conduct the reevaluation.

Keep a copy of this form for your records.

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

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 consent to a reevaluation; I would like to schedule:
  - Mediation
  - Due process hearing
- 3.  I would like to schedule an informal meeting with school personnel to discuss this request.

**SIGN HERE:**

\_\_\_\_\_  
Parent/Guardian/Surrogate Signature                      Date (mm/dd/yy)                      Daytime Phone

**PLEASE RETURN THIS ENTIRE FORM TO:**

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

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A copy of the *Procedural Safeguards Notice* is available upon request from your child's school. This document explains your rights, and includes state and local advocacy organizations that are available to help you understand your rights and how the special education process works.

For help in understanding this form, an annotated *Permission to Reevaluate - Consent 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. If you do not have access to the Internet, you can request the annotated form by calling PaTTAN at 800-441-3215.