

**SPECIAL EDUCATION
WENATCHEE SCHOOL DISTRICT**

DATE _____

Home Language: Eng. Span.

NOTICE OF RE-EVALUATION

Student: _____ Birthdate _____ School: _____
Parent/Guardian: _____ Address: _____

As part of providing an appropriate special education program for your child, state regulations require that school districts conduct reevaluations at least every three years to determine: (1) whether your child is appropriately identified as having a disability; and (2) whether the program designed for your child is appropriate to meet his/her needs, abilities, and limitations. WAC 392-172-186

This notice is to inform you that your child is being scheduled for reevaluation because:

- Required three-year evaluation: _____
 - The reevaluation was requested for the _____ following reasons: _____
- Description of evaluation procedures, test, record or report used in taking this action: _____

 Description of other options considered and reason(s) for rejecting: _____

 Other factors which are relevant to the proposal: _____

As part of this reevaluation, your child’s records will be reviewed by the evaluation team, and you, as the parent/guardian, have the right to take part in the evaluation meeting and/or provide information. At this meeting, the team will determine evaluation procedures. Please submit any information you have to your child’s case manager by: _____. Representatives of the professional areas involved in the previous evaluation which found “identified deficits or other eligibility criteria pertinent to the identification of your child’s disability,” shall, in accordance with WAC 392-172-108, be on the reevaluation team.

- School Psychologist
- Speech/Language Pathologist
- School Nurse
- Work-Study Coordinator
- Special Education Teacher
- Classroom Teacher
- Physical Therapy/Occupational Therapy
- Other

A change in the team members required by WAC 392-172-108 was made because:

Enclosed is a copy of your Due Process Rights and Procedural Safeguards. The reevaluation will be completed within 45 school days of the date of this notification, and you will be notified of the results within 10 school days following the completion of the reevaluation. Your child will be reevaluated between the dates of: _____ and _____.

I, as a parent or guardian of the above-named student **do** **do not** give my consent for the reevaluation of my child in order to determine if he/she continues to be eligible for and in need of special education services.

I have been fully informed of all information relevant to the proposed evaluation of my child as described in the Notice of Action form (attached). I understand that my consent is voluntary and may be revoked at any time prior to the completion of the evaluation.

Parent/Guardian

Date

Parent/Guardian

Date

Please sign and return yellow copy

If you have any questions concerning your child’s reevaluation, please call the special education office and ask for the case manager in charge of your child’s reevaluation or the Director of Special Education.

Case Manager: _____ Phone: 663-7117