



Exceptional Student Education
Informed Notice and Consent for Re-Evaluation

Student Name: _____ Today's Date: _____
Other ID: _____ School: _____ Grade: _____
Date of Birth: _____ Sex: _____ Race: _____ Primary Language at Home: _____
Parent/Guardian Name: _____ Parent/Guardian Home Phone: _____
Parent/Guardian Address: _____

Current ESE Program(s)/Services(s):

Three horizontal lines for writing current ESE programs or services.

Dear Parent/Guardian:

The IEP team met on (date) _____ to review your child's re-evaluation needs.

A formal re-evaluation is proposed for your child. This process involves gathering and reviewing information obtained about your child to assist us in determining whether he/she needs to continue in special program(s) in which he/she is placed. The evaluation procedures, tests, records and reports reviewed by the IEP team and used as a basis for this proposal to re-evaluate include:

- Medical information, Psychological reports, Functional behavior assessment, Sensory screening, Pre-referral information, Speech/language evaluations, Academic assessments, Parent information, Cumulative folder, Academic grades, Progress on IEP goals, Other: _____

The team has considered the following options for your child and the option chosen is checked below:

- Three year re-evaluation (Due date: _____) A more frequent re-evaluation

The other option was rejected because it did not meet the needs of your child at this time.

Based on your child's needs, the re-evaluation review team recommends the following assessments be administered:

- Social/developmental history, Speech evaluation, Adaptive behavior assessment, Vision evaluation, Intellectual assessment, Occupational therapy assess, Vision screening, Academic performance, Physical therapy assessment, Hearing evaluation, Learning process evaluation, Report from student's physician, Hearing screening, Social/emotional evaluation, Functional behavioral assess, Language evaluation, Behavioral ratings, Checklist of Gifted Characteristics, Pragmatic language, Autism ratings, Student Interest Survey, Other: _____, Other: _____, Other: _____

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Staffing Committee members (signature and title):

ESE Director/Designee/Staffing Spec.: _____ Evaluator: _____
Parent(s): _____ School Administrator: _____
Parent(s): _____ School Counselor: _____
Student: _____ Other: _____
ESE Teacher: _____ Other: _____
General Education Teacher(s): _____

As parent(s)/guardians of a child with a disability you have protections under the procedural safeguards of the Other: Individual with Disabilities Education Act (IDEA) AND Rule 6A-6.03311, FAC, *Procedural Safeguards for Other: Students with Disabilities and/or Rule 6A-603313, FAC, *Procedural Safeguards for Students Who Are Gifted.** These documents are also available on the [School Board website](#). Should you want additional copies of the Procedural Safeguards or additional information about your rights, you may contact

Name: _____ Title: _____
Location: _____ Phone: _____

Name: _____ Title: _____
Location: _____ Phone: _____

Check One:

- Yes, I give my consent for the proposed re-evaluation and understand my rights in regard to this re-evaluation
- No, I do not give my permission for the proposed re-evaluation
- I request a conference to discuss this proposed re-evaluation before giving my permission

Parent Signature: _____ Date: _____

Please return this form to: _____
at: _____

Additional signature page attached