



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, Sensory screening, Academic assessments, Academic grades, Psychological reports, Pre-referral information, Parent information, Progress on IEP goals, Functional behavior assessment, Speech/language evaluations, Cumulative folder, 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 tea recommends the following assessments be administered:

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