NOTICE OF REEVALUATION
Form RE-1 (Rev. 07/2006)

________________________________________ SCHOOL DISTRICT
[If you need this notice in a different language or communicated in a different way, or have questions about this notice, please contact _________________________ at _____________________.]

Dear ___________________________  Date _________________

This letter is to inform you that the ___________________________ School District intends to reevaluate your child ___________________________. The school district must reevaluate your child if the educational or related services needs of your child warrant a reevaluation, or you or your child’s teacher requests a reevaluation. However, a child is not to be reevaluated more than once a year unless you and the school district agree. The school district must also reevaluate your child at least once every three years unless the school district and you agree that a reevaluation is unnecessary. The purpose for this reevaluation is to determine whether your child continues to have a disability (impairment and need for special education), and to identify your child’s current educational needs. The reason that the school district intends to reevaluate your child is:

- □ The school district received a request for a reevaluation on ______________________ from:
  - □ You (statement of your parental rights enclosed)
  - □ Your child’s teacher (name) ___________________________
  - □ Other (specify) ___________________________

- □ The school district determined that the educational or related services needs of your child warrant a reevaluation (explain/describe):

- □ The last evaluation/reevaluation of your child was completed on ________________ and therefore a reevaluation is due.

The individualized education program (IEP) team is responsible for this reevaluation and will conduct this reevaluation at no cost to you. You are a participant on the IEP team. You may include others on the IEP team who have knowledge or special expertise about the child.
You and your child (if appropriate) are IEP team participants

In addition, the following people are being appointed to the IEP team by the school district:

<table>
<thead>
<tr>
<th>Role</th>
<th>Name, if known</th>
</tr>
</thead>
<tbody>
<tr>
<td>Representative of local educational agency (LEA) – authorized to commit the resources of the LEA</td>
<td></td>
</tr>
<tr>
<td>Special Ed. Teacher(s)</td>
<td></td>
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<tr>
<td>Regular Ed. Teacher(s)</td>
<td></td>
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<tr>
<td>Related Services Personnel</td>
<td></td>
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<tr>
<td>Others</td>
<td></td>
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</tbody>
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Other options, if any, such as the selection of IEP team participants which were considered and the reason(s) they were rejected and a description of any other factors relevant to the proposed action:

- None

IEP team participants will first review existing information available on your child including information provided by you and then determine what, if any, further evaluation or assessment is necessary to assist in identifying the educational needs of your child and in making a determination of whether your child continues to have a disability. You will be sent a notification of this determination within 15 business days of:
- the date that the school district received the request to reevaluate your child;
- the date of this notice (when a request did not initiate the reevaluation). This notification will be sent by ________________.

If the IEP team determines that additional assessments or other evaluation materials are necessary, the school district needs your written consent (permission) before it may administer any assessments or other evaluation materials to obtain further information about your child. You will be informed about what assessments or other evaluation materials will be given before they are administered. You will also be informed of the names of the individuals who will conduct those evaluations, if known at the time of the notice. Upon completion of the reevaluation, the IEP team will prepare an evaluation report, which will include documentation of your child’s eligibility for special education. You will be provided with a copy of the evaluation report.
Within 60 calendar days of receiving your consent for this reevaluation or being provided with a notice that no further assessment of your child is necessary, the IEP team will meet to determine whether your child continues to be a child with a disability. If the IEP team determines that your child continues to have a disability, the team will review and revise, as appropriate, your child’s IEP and determine a placement to carry out the IEP within 30 calendar days. You will be provided with a notice of placement and a copy of your child’s IEP. If it is determined by the IEP team that your child no longer needs special education, you will be provided with a notice of that finding.

If at any point during an IEP team meeting to determine your child’s continued eligibility for special education and educational needs, to review or revise your child’s IEP, or to determine a placement to carry out the IEP, you or other IEP team participants believe that additional time is needed to permit your meaningful involvement, additional time will be provided subject to the time limitations described above. This IEP team process may be concluded in one meeting or may require more than one meeting depending on individual circumstances. In addition and upon request you may receive a copy of the IEP team’s most recent evaluation report.

You and your child have protection under the procedural safeguards (rights) of special education law. The school district must provide you with a copy of your procedural safeguards once a year.

☐ You received a copy of your procedural safeguard rights in a brochure about parent and child rights earlier this year. If you would like another copy of this brochure, please contact the district at the telephone number above.

☐ A copy of the parent and child rights brochure is enclosed with this notice.

In addition to district staff, you may also contact ________________________________ at ________________________________ if you have questions about your rights.

Sincerely,

___________________________________________
Name and Title of District Contact Person