

# School District Letterhead

To: [Name of Parent, Guardian, Educational Surrogate Parent, Student 18 and over]

Re: [Name of Student and other identifying information (i.e. DOB, ID#)]

Subject: **The school district proposes the following:** [Check all that apply.]

- An Evaluation
- An IEP/Amendment
- A Placement
- Other: \_\_\_\_\_  
(please specify)

Notice Date: [Date notice is to be mailed.]

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The school district has recently discussed this student and, with your input, has developed a proposal. We have described our actions and our reasons for these actions on page two of this memo.

As you know, special education regulations provide protection to you and your child. You will find specific information about your legal rights within the *Interim Notice of Procedural Safeguards*, including sources that you may contact for help in understanding your rights. This notice is enclosed for initial evaluations. You should have received your *Interim Notice of Procedural Safeguards* on \_\_\_\_\_ if you will be attending an IEP/Amendment or Placement meeting during this school year. We will also disseminate the notice at your request and upon disciplinary removal to an interim alternative education setting. You should carefully review this brochure and the enclosed material before making any decisions.

The school district staff is available to speak to you or meet with you about your rights and the school district's proposal. We strongly encourage you to call us if you have any questions. Please contact us through the district contact person listed below. Thank you.

An Evaluation Consent Form, an IEP or an IEP Amendment must be signed and returned, as we are required by law to have a signed copy on file regardless of your decision. Please return a copy as soon as possible but no later than the date listed below. Thank you.

**Document Return Date:** [Date or non-applicable]

**District Contact Person:** [Name and Role]

**Contact Information:** [Address, Telephone Number, Fax Number and Email Address (if not on letterhead)]

Enclosures:

- Interim Notice of Procedural Safeguards* [for initial evaluations, parent request or disciplinary removal]
- Other: [Specify: Evaluation Consent Form, Extended Evaluation Form, IEP, IEP Amendment, etc. ]

Re: [Name of Student and other necessary identifying information]

Notice Date: [Date from page 1]

**Directions to School Staff:**

*This notice must be sent to parents in their native language or other mode of communication used by the parent. School district must ensure that parents understand the content of this notice. (Federal Regulation §300.503)*

*Describe one or more of the following actions: Initial Evaluation, Reevaluation, Emergency Evaluation, Extended Evaluation Period, IEP, IEP Amendment, Placement (**include the specific placement location and transportation requirements, if any**), Graduation or any other proposal used to initiate or change the identification, evaluation, educational placement or the provision of special education services by answering the following questions:*

- 1. What action is the school district proposing to take?*
- 2. Why is the school district proposing to act?*
- 3. What rejected options were considered and why was each option rejected?*
- 4. What evaluation procedure, test, record or report was used as a basis for the proposed action?*
- 5. What other factors were relevant to the school district's decision*
- 6. What next steps, if any, are recommended?*

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**Narrative Description of School District Proposal**

**School District Name**

**EVALUATION CONSENT FORM  
Attachment to N 1**

TYPE OF ASSESSMENTS: <i>A variety of assessment tools and strategies should be used to gather information that determines the educational needs of this student. [Check yes or no for each assessment.]</i>	RECOMMENDED	
	YES	NO
<b>Assessment in All Areas Related to the Suspected Disability(ies)</b> – describes the student’s performance in any area related to the child’s suspected disability(ies). List recommended assessment(s): _____ _____ _____		
<b>Educational Assessment</b> – includes the history of the student’s educational progress in the general curriculum and includes current information on the student’s performance.		
<b>Observation of the Student</b> – includes the student’s interaction in the student’s classroom environment or in a child’s natural environment or an early intervention program.		
<b>Health Assessment</b> – details any medical problems or constraints that may affect the student’s education.		
<b>Psychological Assessment</b> – describes the student’s learning capacity and learning style in relationship to social/emotional development and skills.		
<b>Home Assessment</b> – details any pertinent family history and home situations that may affect the student’s education and, with written consent, may include a home visit.		

**PARENT RESPONSE SECTION**

*Please indicate your response by checking at least one (1) box and returning a signed copy to the school district. Please keep one copy for your records. Thank you.*

I accept the proposed evaluation in full.  I reject the proposed evaluation in full.

I accept the proposed evaluation in part and request that only the listed assessments be completed:

I additionally request the following assessment(s):  assessment(s) listed above: \_\_\_\_\_  other assessments: (specify) \_\_\_\_\_

Signature of Parent, Guardian, Educational Surrogate Parent, Student 18 and Over\* Date  
*\*Required signature once a student reaches 18 unless there is a court appointed guardian.*

**PARENT INPUT**

*We strongly encourage you to share your knowledge of this student with us. If you choose, please provide a written statement (use back of form) or call the indicated contact person. Thank you.*