**Consent to Reevaluate**

Please describe the evaluation procedure, assessment, record, report, or other relevant factors used as a basis for proposing or refusing to conduct the evaluation:

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The public agency is proposing to conduct a reevaluation. The decision to conduct this reevaluation was based on:

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The student will be reevaluated for the following suspected disabilities:

* Autsim Spectrum Disorder
* Blind or Low Vision
* Deaf of Hard of Hearing
* Deaf-Blind
* Emotional Disability
* Intellectual Disability
* Language Impairment
* Multiple Disabilities
* Orthopedic Impairment
* Other Health Impairment
* Specific Learning Disability
* Speech Impairment
* Traumatic Brain Injury

Reevaluation begins with qualified professionals reviewing existing evaluation data, including evaluations, current assessments, observations and information provided by the parent. On the basis of that review, it will be determined what additional data, if any are needed to:

* determine that my child continues to be, or is no longer, eligible for special education and related services. This reevaluation is due at the next annual case conference committee meeting.
* determine that my child is eligible for special education and related services under a different or additional eligibility category. This reevaluation is due 50 instructional days after I give my consent.
* inform the child's case conference committee of the child's needs, such as the student's need for assistive technology or a related service. This reevaluation is due 50 instructional days after I give my consent.

**Assessment Procedures**

The proposed reevaluation procedures include reviewing existing data and, if necessary, collection of additional data in the areas of:

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* I understand the proposed evaluation procedures. I understand that I have protection under the procedural safeguards and that this document includes a list of resources to contact for assistance in understanding the provisions of Indiana special education rules. I have received a copy of the procedural safeguards and the referral packet, including all documentation and this consent form.

I understand the proposed reevaluation procedures. I understand that a parent of a student with a disability has protection under the procedural safeguards and that I can request a copy of the procedural safeguards at any time. The procedural safeguards document includes a list of resources to contact for assistance in understanding the provisions of Indiana special education rules.

I understand that if I do not respond to this notice, the school may conduct the reevaluation if it makes a reasonable effort to obtain my consent. I also understand that if I refuse to consent to this reevaluation, the school may pursue mediation or due process to obtain consent to conduct the reevaluation.

Parent’s Preferred Time and Date of Conference (honored if possible):

Date & Time: 2025-05-29 12:00 PM

By signing below, I consent to the proposed reevaluation.

Sign:

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Date:

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Address:

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Phone Number:

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