

Northeast Indiana Special Education Cooperative

1607 E. Dowling Street
 Kendallville, IN 56755
 (260) 347-5236 1-800-589-5236 FAX (260) 347-1657

Student:		STN:		Date of Report:	
Date of Birth:		Age:		Current Grade:	
Gender:		Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Date of Request:		Initial eligibility date:			
The public agency is proposing to conduct a reevaluation. The decision to conduct this reevaluation was based on:					

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 the student <i>continues to be or is no longer eligible</i> for special education and/or related services. This reevaluation is due at the within one year or next annual case conference committee meeting whichever is shorter.
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OR

	determine that the student is eligible for special education and/or related services under a <i>different</i> or <i>additional</i> eligibility category. Evaluation and conference must be completed within 50 instructional days .
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Additional eligibility area(s) being considered: (Check the appropriate box(es))					
<input type="checkbox"/>	Autism Spectrum Disorder	<input type="checkbox"/>	Developmental Delay (Preschool only)	<input type="checkbox"/>	Orthopedic Impairment
<input type="checkbox"/>	Blind or Low Vision	<input type="checkbox"/>	Emotional Disability	<input type="checkbox"/>	Speech Impairment
<input type="checkbox"/>	Cognitive Disability	<input type="checkbox"/>	Language Impairment	<input type="checkbox"/>	Specific Learning Disability
<input type="checkbox"/>	Deaf or Hard of Hearing	<input type="checkbox"/>	Multiple Disabilities	<input type="checkbox"/>	Traumatic Brain Injury
<input type="checkbox"/>	Deaf-Blind	<input type="checkbox"/>	Other Health Impaired		

OR

	<i>Inform</i> the student's case conference committee of the student's <i>special education and related service</i> needs. Evaluation and conference must be completed within 50 instructional days .
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State specific area of observation/evaluation (e.g. teacher observation – include type of teacher observation needed, OT/PT/Sensory evaluation):

If I consent to this evaluation, I will receive a copy of the Educational Evaluation Report at the case conference committee meeting. 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.

PARENT'S PREFERRED TIME OF CONFERENCE:	Day of Week:		Time of Day:	
(Honored If Possible)				

I understand that if I do not respond to this notice, the public agency 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 public agency may pursue mediation or due process to obtain consent to conduct the reevaluation.

<input type="checkbox"/> I give my permission for this evaluation.	<input type="checkbox"/> I DO NOT give my permission for this evaluation.
Signature of Parent:	Date:
Address:	Phone Number: