

**ST. MARTIN PARISH SPECIAL SERVICES**  
Prior Notice of Re-evaluation

To: Parent/Guardian

Date: \_\_\_\_\_

School: \_\_\_\_\_

Student: \_\_\_\_\_

D.O.B. \_\_\_\_\_

This letter is to notify you and obtain permission for a re-evaluation for your child. The re-evaluation is being conducted for the purpose of:

- Triennial mandates
- Declassification
- Significant change in placement
- Parent request
- LEA request
- \_\_\_\_\_

Parents of a child with a disability have legal rights, called procedural safeguards, which are part of the Regulations for Implementation of the Children with Exceptionalities Act. These procedural safeguards (Louisiana’s Educational Rights of Children with Disabilities or the Rights of Students with Exceptionalities Placed by their Parents in Private Schools) must be given to you annually. The Individuals with Disabilities Education Act (IDEA) recognizes that it is important that families be fully informed so that they can participate equally in making decisions about their child’s special education. This booklet was given to you at your child’s last IEP as well as on other occasions.

If you would like an additional copy of these rights, please contact your child’s teacher or the evaluation coordinator listed on this letter. If you are a person with a disability or speak another language, these rights can be given to you in a different format (e.g., larger print, Braille, on CD, DVD or tape, or translated into another language).

**Your permission is requested for this re-evaluation.**

The evaluation procedures that will be considered include:

- A review of existing evaluation data including evaluations, IEP’s and other information
- A review of your child’s progress toward meeting annual goals, benchmarks, short term objectives and progress monitoring data.
- Interviews/consultation with you, your child, your child’s teacher(s) and related services provider(s).
- A review of current performance and observations in appropriate settings.
- A review of all his/her education records (health, discipline, sensory, attendance, etc.)
- Consideration of any behavioral concerns that would require further evaluation services.
- Assessment of vocational and future transition needs, if the child is turning 16 years old (or younger if deemed appropriate by the IEP team). This may include post-school activities, vocational training, integrated employment, adult services, independent living and/or community participation.
- Other tests and evaluation procedures that the Multidisciplinary Team decides are necessary.

Participants in the re-evaluation will include the parent and the following:

\_\_\_\_\_  
*Evaluation Coordinator*

\_\_\_\_\_  
*Special Education Teacher*

\_\_\_\_\_  
*Official Designee of LEA or SBLC Chairperson*

\_\_\_\_\_  
*Related Service Provider* *Title*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Title*

Cc: Parent      School      Special Services Office      SBLC Chairperson      Others

Student: \_\_\_\_\_ DOB: \_\_\_\_\_

**Please check the appropriate boxes and return within 3 days to:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Phone: \_\_\_\_\_

- I give permission for you to conduct the re-evaluation.
- I would like to meet with you to discuss this evaluation. Please call me at \_\_\_\_\_

***For Public School Students:***

- I DO NOT give consent for the re-evaluation process. I understand that the St. Martin Parish School System may, but is not required to, pursue the reevaluation by using the consent override procedures.

***For Home Study, Private or Parochial School Students:***

- I DO NOT give consent for the re-evaluation process. I understand that upon the expiration of the current evaluation, my child will no longer be eligible for services under the Individuals With Disabilities Act (IDEA).

***Other items you can check.***

- I would like for the following information to be considered in this evaluation:  
\_\_\_\_\_  
\_\_\_\_\_

- I would like additional evaluation/testing in the area of \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- I would like a copy of my rights in  English  Spanish  Vietnamese  \_\_\_\_\_  
(Rights can also be obtained at: [http://www.Louisianaschools.net/divisions/special/parents\\_rights.html](http://www.Louisianaschools.net/divisions/special/parents_rights.html))

\_\_\_\_\_  
Parent's Signature Date

Cc: Parent      School      Special Services Office      Others