

**Notice of Intent To Reevaluate**

\*\*\*\*\* Gifted Student

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

Student's Name: \_\_\_\_\_

Name and Address of Parent

Dear:

The school district is planning to reevaluate your child for the following reason(s):

In the gifted reevaluation, we will review your child's educational needs and strengths as shown by educational performance levels, assessment results, classroom observations, and information from you. Specific types of tests and procedures, which will be used in the reevaluation, include the following:

The reevaluation is proposed for the following date(s):

The school district will form a Gifted Multidisciplinary Team (GMDT) to conduct the reevaluation. As parent(s), you are a member of the team. If a team meeting is held you will be invited. Information from you is to be considered by the team as part of the reevaluation process. If you want to send written comments, please do so.

The Gifted Multidisciplinary Team will prepare recommendations as to whether your child continues to be in need of specially designed instruction. This information will be outlined in a Gifted Written Report (GWR) and will be given to the Gifted Individualized Education Program (GIEP) Team. The gifted reevaluation is to be completed and the report is to be delivered to you within 60 school days of the reevaluation.

Please call me at the number listed below to discuss information that you feel is important to include in the evaluation. Please read the enclosed Notice of Parental Rights which includes parent resources such as state or local advocacy organizations. If you have any questions, or if you need the services of a translator or an interpreter, please contact me.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Position

\_\_\_\_\_  
Phone

\_\_\_\_\_  
E-mail Address

**DIRECTIONS FOR PARENTS:** Please check the appropriate item(s), sign and return this form to the person below.

I understand that a gifted reevaluation will be done for my child and that I will receive a written copy of the Gifted Written Report (GWR). The GWR will also be given to the Gifted Individualize Education Program (GIEP) Team to assess my child's placement and program.

I object to the proposed gifted reevaluation. Please do not begin the gifted reevaluation process at this time. I would like to schedule:

Mediation\*

Due Process Hearing\*

\_\_\_\_\_  
Parent(s) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
E-mail Address

School District Contact:

\*The enclosed Notice of Parental Rights provides information on the options listed above.