

PINELLAS COUNTY SCHOOLS
EXCEPTIONAL STUDENT EDUCATION (ESE) DEPARTMENT
PARENT COPIES OF EVALUATION REPORTS

Date: _____

Dear Parent of _____,

Enclosed are copies of the following evaluation reports:

- | | |
|---|---|
| ☐ Psychological | ☐ Language |
| ☐ Social and Development History | ☐ Occupational therapy |
| ☐ Achievement/ Learning | ☐ Physical therapy |
| ☐ Social/ Emotional/ Behavior | ☐ Audiological |
| ☐ Adaptive Behavior | ☐ Other: _____ |
| ☐ Speech | ☐ Other: _____ |

If this evaluation suggests a possible need for a change in exceptional student eligibility, you will receive an invitation to an Eligibility Determination meeting (may not apply to consideration of gifted only). If this is a reevaluation and no change in your child's eligibility is suggested, you will receive an IEP/SP/EP meeting notice.

If you would like to discuss the enclosed evaluation reports prior to the meeting, please contact me at the number below.

Sincerely,

Name/Title

School/Office

Telephone