Your School/District _____ SpEd 8 04.08

Your City _____

# Written Prior Notice of Evaluation/Re-evaluation and Review of Existing Data

Required for all reevaluations (and initial evaluations if appropriate)

Student _____ Date _____

School _____ Grade _____ Classification _____

**Written Prior Notice for Evaluation for Eligibility for Free Appropriate Public Education under IDEA**

We are proposing to evaluate / re-evaluate this student to determine if he/she has a disability that adversely affects educational performance and requires special education and related services under the Individuals with Disabilities Education Act (IDEA). We are proposing this evaluation because there are concerns about the student's educational progress. Although there may have been interventions implemented, concerns about his/her progress continue. These concerns form the basis for this action. You have protection under the Procedural Safeguards received previously. You may request another copy of the Procedural Safeguards from the special education teacher. If you have any questions regarding this notice or the Procedural Safeguards, contact the principal or the special education teacher at the student's school.

Data Reviewed:

☐ Existing evaluation data ☐ Information from parent(s) ☐ CRTs

☐ Norm-referenced Test (IOWA) ☐ Classroom based assessments ☐ Observations

☐ UAA ☐ Other

On the basis of the data reviewed, the participants have determined:

☐ Existing data are sufficient to determine eligibility/continued eligibility and the nature and extent of special education and related services needed.

☐ Existing data are NOT sufficient to determine eligibility/continued eligibility and the nature and extent of special education and related services needed.

Additional areas to be assessed

☐ Parents have a right to and are requesting an assessment to determine eligibility/continued eligibility.

Areas to be assessed

**Note: Obtain new Consent for Evaluation before administering additional assessments in the areas specified above.**

| Team Participants | Title |
|---|---|
| _____ | Parent/Adult Student (Signature acknowledges copy received) |
| _____ | LEA Representative |
| _____ | Special Education Teacher |
| _____ | Regular Education Teacher |
| _____ | Other _____ |
| _____ | Other _____ |

*Note: If parent/adult student signature is missing, check below:

☐ Did not attend (document efforts to involve parent/adult student) OR ☐ Participated via telephone, video conference or other means AND ☐ Copy of this document mailed to parent on (date) _____

**At conclusion of this re-evaluation process, complete new "Team Evaluation Summary Report & Written Prior Notice of Eligibility Determination" form.**