

**PRIOR WRITTEN NOTICE FOR REEVALUATION AND REQUEST FOR CONSENT FORM**

Child's Name:

**PRIOR WRITTEN NOTICE FOR A REEVALUATION AND REQUEST FOR CONSENT FORM**

School Age

Child's Name: \_\_\_\_\_

Date Sent (mm/dd/yy): \_\_\_\_\_

Name and Address of Parent/Guardian/Surrogate:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*For School(LEA) Use Only:*  
Date of Receipt of Prior Written  
Notice/Consent Form

Dear \_\_\_\_\_ :

**This form is issued when the school (LEA) proposes to conduct a reevaluation that requires the collection of additional information in order to determine educational needs and continued eligibility for special education and related services, or is in response to parent request for a reevaluation. The school (LEA) must issue this form to provide prior written notice and obtain written consent from a child's parent or guardian before conducting a reevaluation that includes additional assessment information.**

Please review the proposed action. If you have questions, please feel free to discuss them with the school (LEA).

School (LEA) Contact \_\_\_\_\_ Email \_\_\_\_\_

Position \_\_\_\_\_ Phone \_\_\_\_\_

**TYPE OF ACTION PROPOSED:**

- The school (LEA) proposes to conduct a reevaluation because the IEP team, including the parent, has reviewed your child's existing educational data and made the recommendation that there is a need for additional information.
- Parental request for a reevaluation

**1. EXPLANATION OF WHY THE REEVALUATION IS PROPOSED:**

\_\_\_\_\_

**2. DESCRIPTION OF THE DATA USED AS BASIS FOR PROPOSED REEVALUATION (INCLUDING EACH EVALUATION PROCEDURE, ASSESSMENT, RECORD OR REPORT USED AS BASIS FOR PROPOSED REEVALUATION):**

\_\_\_\_\_

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**3. OTHER FACTORS CONSIDERED RELEVANT TO THE PROPOSED REEVALUATION:**

**4. OTHER OPTIONS CONSIDERED RELEVANT TO THE PROPOSED REEVALUATION AND WHY THE OTHER OPTIONS WERE REJECTED:**

During the reevaluation, additional data/information will be collected in the areas described below. This information will assist the evaluation team in determining:

- whether your child continues to be a child with a disability;
- the educational needs of your child;
- the present levels of academic achievement and related functional needs of your child;
- whether your child continues to need special education and related services; and
- whether any additions or modifications to the special education and related services are needed to enable your child to meet the measurable annual goals set out in the IEP, and to participate, as appropriate, in the general education curriculum.

**THE PROPOSED REEVALUATION WILL CONSIST OF THE FOLLOWING TYPES OF TESTS AND ASSESSMENTS:**

**PARENTAL CONSENT FOR A SPECIAL EDUCATION REEVALUATION**

Upon receipt of parental consent, an evaluation team will conduct the additional assessments and evaluations. As the parent(s), you are a member of the evaluation team and will be included in the reevaluation process and receive a copy of the Reevaluation Report. The reevaluation procedures do not require a meeting prior to receipt of the Reevaluation Report.

Consent must be requested before the evaluation team can begin the reevaluation. However, please be aware that after reasonable attempts, *if the LEA has not received a response from you, the school (LEA) is permitted by law to proceed with the reevaluation.*

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Child's Name:

The evaluation team will determine whether your child continues to be a child with a disability and the educational needs of your child. The results of the reevaluation will be included in a *Reevaluation Report (RR)*. If your child continues to be eligible for special education, you will be invited to participate in an *Individualized Education Program (IEP)* team meeting. The IEP will outline the special education and related services that will be provided to your child.

**TIMELINE FOR A SPECIAL EDUCATION REEVALUATION**

The *Reevaluation Report* must be completed within 60 calendar days from the date of the school's (LEA's) receipt of a signed *Prior Written Notice for Reevaluation and Request for Consent form*, excluding summer break. Reevaluations must re-occur every 3 years, or 2 years for students with intellectual disability, from the date of the *Evaluation Report*, *prior Reevaluation Report*, or *Agreement to Waive Reevaluation*.

Please read the enclosed *Procedural Safeguards Notice* that explains your rights, and includes state and local advocacy organizations that are available to help you understand your rights and how the special education process works.

**Keep a copy of this form for your records.**

**DIRECTIONS FOR PARENT/GUARDIAN:** Consent is voluntary for reevaluation. Please consider the following options:

- 1.  I would like to schedule an informal meeting with school (LEA) personnel to discuss this action.
- 2.  I give consent to the proposed reevaluation.
- 3.  I do not give consent to the proposed reevaluation.\*\*\*

\*\*\*If you selected option 3, you may request an informal meeting with school (LEA) personnel, mediation or a due process hearing.

I would like to request:

- Informal Meeting with School (LEA) Personnel
- Mediation\*\*
- Due Process Hearing\*\*

\*\*To initiate mediation or a due process hearing, as the parent you must submit your request to the Office for Dispute Resolution (ODR). To learn more about this process, contact the Special Education ConsultLine at 800-879-2301 or visit the ODR website at [www.odr-pa.org](http://www.odr-pa.org).

I object to the proposed reevaluation and my reason is (not required):

**SIGN HERE:**

\_\_\_\_\_  
Parent/Guardian/Surrogate Signature

\_\_\_\_\_  
Date (mm/dd/yy)

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

**PRIOR WRITTEN NOTICE FOR REEVALUATION AND REQUEST FOR CONSENT FORM**

Child's Name:

**PLEASE RETURN THIS ENTIRE FORM TO:**

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

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

\_\_\_\_\_

\_\_\_\_\_

For help in understanding this form, an annotated *Prior Written Notice for Reevaluation and Request for Consent Form* is available on the PaTTAN website at [www.pattan.net](http://www.pattan.net). Once on the PaTTAN home page, select the Legal tab, then select Forms, and then Annotated Forms. If you do not have access to the Internet, call PaTTAN at 800-441-3215 and request a copy of the annotated form.

关于重新评估的事先书面通知和征求同意书

孩子姓名：

关于重新评估的事先书面通知和征求同意书

学龄

孩子的姓名： \_\_\_\_\_

发送日期（月/日/年）： \_\_\_\_\_

父母/监护人/代理人的姓名和地址：

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

仅限学校 (LEA) 使用：  
收到事先书面通知/同意书的日期

致 \_\_\_\_\_,

当学校 (LEA) 提议进行重新评估，要求收集该生其他信息以确定教育需求和继续获得特殊教育及相关服务的资格时，或者对家长提出的要求重新评估这一诉求作出回应时将发出此表格。学校 (LEA) 必须发出此表格，以提供事先书面通知并获得儿童父母或监护人的书面同意，然后才能进行包含其他评估信息的重新评估。

请查看所建议的行动。如果您有任何疑问，请随时与学校 (LEA) 讨论。

学校 (LEA) 联系人 \_\_\_\_\_ 电子邮件 \_\_\_\_\_

职称 \_\_\_\_\_ 电话 \_\_\_\_\_

所建议的行动类型：

学校 (LEA) 建议进行重新评估，因为 IEP 团队 (包括家长) 已经审查了您孩子现有的教育数据，并建议需要其他信息。

家长要求重新评估

1. 建议重新评估的原因：

\_\_\_\_\_

2. 请描述用作所建议的重新评估基础的数据 (包括每次评估)

用作提议重新评估依据的程序、评估、记录或报告：

\_\_\_\_\_

关于重新评估的事先书面通知和征求同意书

孩子姓名：

3. 与拟议重新评估相关的其他因素：

[Empty box for additional factors]

4. 其他备选方案被认为与拟议的重新评估有关，以及为什么其他备选方案被拒绝：

[Empty box for alternative options]

在重新评估期间，将在下述领域收集其他数据/信息。这些信息将有助于评估小组确定：

您的孩子是否继续是残疾儿童；

您孩子的教育需求；

您孩子目前的学业成绩水平和相关功能需求；

您的孩子是否继续需要特殊教育和相关服务；和

是否需要特殊教育和相关服务进行任何补充或修改，以使您的孩子能够实现 IEP 中规定的可衡量的年度目标，并酌情参与通识教育课程。

所建议的重新评估将包括以下类型的测试和评估：

[Empty box for types of tests and evaluations]

特殊教育重新评估的家长同意书

在收到家长同意后，评估小组将进行额外的评估和评价。作为家长，您是评估团队的成员，将被纳入重新评估过程，并收到重新评估报告的副本。重新评估程序不需要在收到重新评估报告之前召开会议。

在评估团队开始重新评估之前，必须征得同意。但是，请注意，经过合理的尝试，如果 LEA 没有收到您的回复，法律允许学校（LEA）继续进行重新评估。

评估小组将确定您的孩子是否继续是残疾儿童以及您孩子的教育需求。重新评估的结果将包含在重新评估报告（RR）中。如果您的孩子继续有资格接受特殊教育，您将被邀请参加个性化教育计划（IEP）团队会议。IEP 将概述将向您的孩子提供的特殊教育和相关服务。

特殊教育重新评估时间表

重新评估报告必须在学校（LEA）收到已签署的重新评估事先书面通知和征求同意书之日起 60 个日历日内完成，不包括暑假。重新评估必须每 3 年进行一次，智力残疾学生必须每 2 年进行一次，从评估报告，先前重新评估报告或放弃重新评估协议的日期开始。

关于重新评估的事先书面通知和征求同意书

孩子姓名：

请阅读随附的程序保障通知，其中解释了您的权利，并包括州和地方倡导组织，这些组织可以帮助您了解您的权利以及特殊教育过程的运作方式。

请保留此表的副本以备记录。

家长/监护人须知：同意重新评估是自愿的。请考虑以下选项：

1.  我想安排与学校（LEA）人员举行一次非正式会议，讨论这一行动。
2.  我同意拟议的重新评估。
3.  我不同意拟议的重新评估。

如果您选择了选项 3，您可以要求与学校（LEA）人员进行非正式会议、调解或正当程序听证会。

我想请求：

- 与学校（LEA）人员的非正式会议
- 调解\*\*
- 正当程序听证会\*\*

\*\*要启动调解或正当程序听证会，作为父母，您必须向争议解决办公室（ODR）提交您的请求。要了解有关此过程的更多信息，请致电 800-879-2301 联系特殊教育咨询热线，或访问 ODR 网站 [www.odr-pa.org](http://www.odr-pa.org)。

我反对提议的重新评估，我的理由是（此项非必填）：

请在这里签名：

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家长/监护人/代理人签名

---

日期（月/日/年）

---

日间电话

关于重新评估的事先书面通知和征求同意书  
孩子姓名：

请将整个表格返回给：

名字： \_\_\_\_\_  
地址： \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

为了帮助您理解本表，您可在网站上的“搜索”功能中的 [www.pattan.net](http://www.pattan.net) 键入“Annotated Forms”中获取有所注释的*学术成就和功能摘要*。如果您无法访问互联网，可以通过致电 800-441-3215 致电 PaTTAN 来请求获取带注释的表格。