



LEYDEN AREA SPECIAL EDUCATION COOPERATIVE

10401 GRAND AVE., FRANKLIN PARK, IL 60131

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Michael T. McElherne, Ed.D.
Director

Parent/Guardian Notification of Decision Regarding A Request For An Evaluation

Table with 3 columns: NAME OF CHILD, DATE OF BIRTH, DATE

Dear

A request for a special education evaluation was made for your child o _____ by _____ for the following reasons:

(Name and Title of Person Making Request)

Request for Initial Evaluation:

- Request for Initial Evaluation options: A review of the request has determined that an initial evaluation is deemed necessary at this time. A review of the request has determined that an initial evaluation is not deemed necessary at this time.

Request for Reevaluation:

- Request for Reevaluation options: A review of the request has determined that a reevaluation is deemed necessary at this time. A review of the request has determined that a reevaluation is not deemed necessary at this time.

The reasons and relevant factors for the above indicated decision include:

If an evaluation was deemed appropriate or a reevaluation is necessary to determine a child continues to be a child with a disability, the process will begin upon the receipt of written informed consent from the parent/guardian. You and your child have rights and protections under the procedural safeguards and may wish to review your copy of Explanation of Procedural Safeguards regarding the district's decision. To discuss any concerns or if you have any questions regarding this decision, please contact:

Form line for Name, Title, and Phone

Sincerely,

Signature line

Name and Title line

Parent/Guardian provided a copy of the Explanation of Procedural Safeguards.