

RECOMMENDATION:

Initial or Triennial

Assessment personnel have determined that additional data are needed (see enclosed Parent Consent for Assessment/Reassessment)

Triennial Only

Assessment personnel have determined that no additional data are needed in the following area(s)

_____ to determine whether the student continues to be a student with a disability.

Reasons:

Note: Parents have the right to request an assessment to determine whether their child continues to be a child with a disability.

PARENT CONSENT

Please initial areas that are acceptable and sign below. If you have not indicated agreement in one or more of the areas, a member of the IEP team will contact you regarding your concerns and/or the need for an IEP team meeting.

_____ I have had the opportunity to participate in assessment planning
Initial

_____ I agree with the recommendation above
Initial

_____ I have been informed of my right to request an assessment
Initial

_____ PARENT/GUARDIAN SIGNATURE

_____ DATE

PLEASE MAIL OR FAX TO:

NAME: _____ PHONE: _____ FAX: _____

ADDRESS: _____ CITY/STATE: _____ ZIP: _____

A PHOTOCOPY/FACSIMILE OF THIS DOCUMENT IS AS VALID AS THE ORIGINAL.