

Capistrano Unified School District  
San Juan Capistrano, California

**Special Education Assessment/Reassessment.**

Date \_\_\_\_\_

To the Parent(s)/Guardian(s) of \_\_\_\_\_

- Concern has been expressed regarding your child's educational progress. In order to be most effective in helping your child, we are proposing that an individual assessment be conducted.
- Your child requires a triennial reassessment as required by law.

The proposed assessment can be provided by our I.E.P. Team. This team may consist of your child's regular teacher, the principal, nurse, resource specialist, speech and language pathologist, school psychologist, or adapted physical education specialist. The types of tests to be used in the assessment are checked on the enclosed assessment plan. If you have information about your child which may be helpful, we would appreciate receiving such information.

The law requires that before proceeding with this assessment we have your signed permission. The law also requires that you be informed of your rights and your child's rights to an appropriate education. These rights have been provided with the assessment plan.

Upon completion of the assessment, an I.E.P. Team meeting will be scheduled in order that the team may share assessment results and records. No decisions will be made regarding your child's program before reviewing the assessment results with you.

Please check the appropriate box on the assessment plan to indicate your decision, sign your name and return these forms to:

Name \_\_\_\_\_

School \_\_\_\_\_

Enclosures: Parent's Rights  
Assessment Plan  
Other \_\_\_\_\_