

**PARENT/GUARDIAN NOTIFICATION OF DECISION REGARDING A  
REQUEST FOR AN EVALUATION**

DATE: \_\_\_\_\_ STUDENT'S NAME: \_\_\_\_\_ STUDENT'S DATE OF BIRTH: \_\_\_\_\_

Dear \_\_\_\_\_:  
(Parent(s)/Guardian(s) Name)

A request for a special education evaluation was made for your child on \_\_\_\_\_ by  
\_\_\_\_\_ for the following reasons:  
(Name and Title of person Making Request)

**Request for Initial Evaluation:**

- 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:**

- 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:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Sincerely,

\_\_\_\_\_  
(Signature)

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

Title: \_\_\_\_\_

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

**PARENT/GUARDIAN CONSENT FOR INITIAL EVALUATION**

DATE: \_\_\_\_\_ STUDENT'S NAME: \_\_\_\_\_ STUDENT'S DATE OF BIRTH: \_\_\_\_\_

Dear \_\_\_\_\_  
(Parent(s)/Guardian(s) Name)

Each school district shall ensure that a full and individual evaluation is conducted for each child being considered for special education and related services. The purpose of an evaluation is to determine:

- Whether the child has one or more disabilities;
- The present levels of academic achievement and functional performance of the child;
- Whether the disability is adversely affecting the child's education; and,
- Whether the child needs special education and related services.

An evaluation considers domains (areas related to the suspected disability) that may be relevant to the educational problems experienced by the individual child under consideration. The nature and intensity of the evaluation, including which domains will be addressed, will vary depending on the needs of your child and the type of existing information already available. The IEP Team, of which you are a member, determines the specific assessments needed to evaluate the individual needs of your child. Within 60 school days from the date of parent/guardian consent, a conference will be scheduled with you to discuss the findings and determine eligibility for special education and related services.

The IEP team must complete page 2 of this form prior to obtaining parental consent for evaluation.

**PARENT/GUARDIAN CONSENT FOR INITIAL EVALUATION**

I understand the school district must have my consent for the initial evaluation. If I refuse consent for an initial evaluation, the school district may, but is not required to, pursue override procedures through due process. If the school district chooses not to pursue such procedures, the school district is not in violation of the required evaluation procedures. I understand my rights as explained to me and contained in the **Explanation of Procedural Safeguards**. I understand the scope of the evaluation as described on page 2 of this form.

I give consent  I do not give consent to collect and/or review the evaluation data as described on page 2 of this form.

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**PARENT/GUARDIAN CONSENT FOR EVALUATION**  
**Identification of Needed Assessments**

<b>This form must be completed by the IEP Team</b>					
<b>DOMAIN</b>	<b>RELEVANT</b>		<b>EXISTING INFORMATION ABOUT THE CHILD</b>	<b>ADDITIONAL EVALUATION DATA NEEDED</b>	<b>SOURCES FROM WHICH DATA WILL BE OBTAINED</b>
	<b>YES</b>	<b>NO</b>			
<b>Academic Achievement</b> Current or past academic achievement data pertinent to current educational performance.	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Functional Performance</b> Current or past functional performance data pertinent to current functional performance.	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Cognitive Functioning</b> Data regarding cognitive ability, how the child takes in information, understands information and expresses information.	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Communication Status</b> Information regarding communicative abilities (language, articulation, voice, fluency) affecting educational performance.	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Health</b> Current or past medical difficulties affecting educational performance.	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Hearing/Vision</b> Auditory/visual problems that would interfere with testing or educational performance. Dates and results of last hearing/visual test.	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Motor Abilities</b> Fine and gross motor coordination difficulties, functional mobility, or strength and endurance issues affecting educational performance.	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Social/Emotional Status</b> Information regarding how the environment affects educational performance (life history, adaptive behavior, independent function, personal and social responsibility, cultural background).	<input type="checkbox"/>	<input type="checkbox"/>			

**PARENT/GUARDIAN CONSENT FOR REEVALUATION**

DATE: \_\_\_\_\_ STUDENT'S NAME: \_\_\_\_\_ STUDENT'S DATE OF BIRTH: \_\_\_\_\_

Dear \_\_\_\_\_:  
(Parent(s)/Guardian(s) Name)

Each school district shall ensure that a reevaluation is conducted for each child being reconsidered for special education and related services. A reevaluation must occur at least once every three years unless the parent and school district agree that a reevaluation is not needed. A reevaluation may not occur more than once a year, unless the parent and school district agree it is necessary. The purpose of a reevaluation is to determine:

- Whether the child continues to have one or more disabilities;
- The present levels of academic achievement and functional performance of the child;
- Whether the disability is adversely affecting the child's education
- Whether the child continues to need special education and related services; and
- Whether any additions or modifications to the child's special education and related services are needed to enable the child to meet the measurable annual goals in the Individualized Education Program (IEP) and to participate appropriately in the general curriculum, extracurricular activities and other nonacademic activities.

An evaluation considers domains (areas related to the suspected disability) that may be relevant to the educational problems experienced by the individual child under consideration. The nature and intensity of the evaluation, including which domains will be addressed, will vary depending on the needs of your child and the type of existing information already available. The IEP Team, of which you are a member, determines the specific assessments needed to evaluate the individual needs of your child. Upon completion of your child's evaluation, a conference will be scheduled with you to discuss the findings and determine eligibility for special education and related services.

The IEP team must complete page 2 of this form prior to obtaining parental consent for a reevaluation. If the IEP team determines no additional evaluation is needed, then parental agreement and not parental consent is required.

**PARENT/GUARDIAN AGREEMENT THAT NO ADDITIONAL DATA IS NEEDED**

I understand the school district is not required to conduct a reevaluation to determine if my child continues to be a child with a disability. However, I may request the school district to conduct the reevaluation.

I agree  I do not agree with the determination that no additional data is needed

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

**PARENT/GUARDIAN CONSENT TO COLLECT ADDITIONAL EVALUATION DATA**

I understand the school district must have my consent for the reevaluation. If I refuse consent, the school district may, but is not required to, pursue override procedures through due process. If the school district chooses not to pursue such procedures, the school district is not in violation of the required evaluation procedure. Furthermore, I understand that if I fail to respond to the request for consent, the school district may pursue the reevaluation if the school district made reasonable efforts to obtain such consent. I understand my rights as explained to me and contained in the Explanation of Procedural Safeguards. I understand the scope of the evaluation as described on page 2 of this form.

I give consent  I do not give consent to collect the evaluation data as described on page 2 of this form.

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

**PARENT/GUARDIAN NOTIFICATION OF CONFERENCE**

DATE: \_\_\_\_\_ STUDENT'S NAME: \_\_\_\_\_ STUDENT'S DATE OF BIRTH: \_\_\_\_\_

Dear \_\_\_\_\_:  
(Parent(s)/Guardian(s) Name)

In order to discuss the educational needs of your child, you are invited to attend an IEP conference meeting to be held:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

You are a participant on the IEP Team which will meet to address the purpose as indicated in the next section. You have the right to bring other individuals who have knowledge or special expertise regarding your child. If you plan to bring other individuals, please notify the individual indicated below prior to the meeting so arrangements and accommodations for participants can be made. If these meeting arrangements are not agreeable and/or you require an interpreter or translator, please contact the individual indicated below.

The purpose of this conference is to:

- Review your child's educational status and determine what additional data, if any, are needed to complete your child's evaluation.
- Review your child's recent evaluation to determine, reconsider, or change your child's eligibility for special education and related services.
- Review your child's eligibility and needs for special education and related services.
- Review and/or develop your child's Individualized Education Program (IEP) and determine the child's educational placement.
- Consider postsecondary goals and transition services (beginning at age 14½).
- Consider relatedness of disability to disciplinary code violation(s).
- Consider the need for a functional behavioral assessment for your child.
- Review a need to create or revise a behavior intervention plan for your child.
- Review your child's recent change of placement due to suspension.
- Determine the location of the interim alternative educational setting.
- Review anticipated date of graduation.
- Other \_\_\_\_\_

The invited individuals and/or their titles are listed below. If one of the required individuals listed below is unable to attend due to unforeseen circumstances, the district will designate an appropriate and suitable replacement to attend the IEP meeting. Any student, age 14 1/2 and older must be invited to any meeting if the purpose of the meeting is to consider transition service needs.

Name and/or Title (General Education Teacher)	Name and/or Title
Name and/or Title (Special Education Teacher)	Name and/or Title
Name and/or Title (LEA Representative)	Name and/or Title
Name and/or Title	Name and/or Title

You and your child have protection under the procedural safeguards of special education regulations. The school district must provide you a copy of **Explanation of Procedural Safeguards** once a year. Please contact the district if you need a copy of **Explanation of Procedural Safeguards**.

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Sincerely,

\_\_\_\_\_

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

Title: \_\_\_\_\_

**PARENT/GUARDIAN NOTIFICATION OF CONFERENCE RECOMMENDATIONS**

DATE: \_\_\_\_\_ STUDENT'S NAME: \_\_\_\_\_ STUDENT'S DATE OF BIRTH: \_\_\_\_\_

Dear \_\_\_\_\_  
(Parent(s)/Guardian(s) Name)

The purpose of this letter is to provide you with notification of the educational recommendation developed for your child at the conference held on \_\_\_\_\_ at \_\_\_\_\_.

At this conference it was determined that your child:

- Is eligible or continues to be eligible for special education and related services as listed in the IEP (Eligibility Determination: \_\_\_\_\_)
- Is not eligible for special education and related services.
- Requires a change in eligibility, as listed in the IEP conference summary report.
- Will receive the special education and related services as listed in the IEP.
- Requires a change of special education and/or related services/educational placement as indicated in the IEP.
- Requires a placement in an alternative education setting as documented in the IEP.
- Will be discontinued from special education and related services due to determination of ineligibility or reaching the age of 22.
- Is recommended for graduation
- Will be assessed with the Illinois Alternate Assessment (IAA). The IAA is aligned with the Illinois Learning Standards (grade level academic content) and scored against alternate achievement standards.
- Other \_\_\_\_\_

**CHECK ONE, when applicable:** I understand that as soon as possible following development of the IEP, but not more than ten (10) calendar days, special education and related services will be provided to my child in accordance with the IEP, and

- I agree to waive the requirement of a ten calendar day interval before an initial or change of placement occurs.
- I do not agree to waive the requirement of a ten calendar day interval before an initial or change of placement occurs.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent/Guardian Signature)

Please refer to your copy of the IEP conference summary report which contains the information used in making these recommendations. Please review the parental rights information in the **Explanation of Procedural Safeguards**. If you wish to discuss any concerns or have questions regarding your rights of this information, please contact:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Sincerely,

\_\_\_\_\_  
(Signature)

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

Title: \_\_\_\_\_

**PARENT/GUARDIAN CONSENT FOR INITIAL PROVISION OF  
SPECIAL EDUCATION AND RELATED SERVICES**

DATE: \_\_\_\_\_ STUDENT'S NAME: \_\_\_\_\_ STUDENT'S DATE OF BIRTH: \_\_\_\_\_

Dear \_\_\_\_\_:  
(Parent(s)/Guardian(s) Name)

At a recent conference your child was recommended for initial provision of special education and related services and an Individualized Education Program (IEP) was developed. Before a school district can provide the special education services described in your child's IEP, your informed written consent is required. Your consent is voluntary and you may revoke your consent at anytime. If you revoke consent, it does not negate an action that occurred after the consent was given and before it was revoked.

**CHECK ONE:**

I give consent For the initial special education and related services of my child as indicated on the Individualized Education Program (IEP). The proposed special education and related service(s) have been fully explained to me and are consistent with the IEP developed for my child.

I understand that my consent is voluntary. I understand that my consent is not required for continued services or change in services/placement. At least annually, I will be given reasonable opportunity for comment on and input into my child's IEP.

I received a copy of the **Explanation of Procedural Safeguards** which have been fully explained to me by school personnel, including the procedures for requesting an impartial due process hearing.

I understand that as soon as possible following development of the IEP, but not more than ten (10) calendar days, special education and related services will be provided to my child in accordance with the IEP.

I do not give consent For the special education and related services of my child as indicated in the Individualized Education Program (IEP).

I understand that the school district will not be in violation of the requirement to make available a free appropriate public education for my child if I refuse to give consent.

I have received  Copy of the IEP Eligibility Summary  
 Copy of the Individualized Education Program (IEP)  
 Other \_\_\_\_\_

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

If you have any questions concerning this process or require additional information regarding your and your child's rights, please contact:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Sincerely,

\_\_\_\_\_  
(Signature)

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

Title: \_\_\_\_\_

**PARENT/GUARDIAN NOTIFICATION OF  
INDIVIDUALIZED EDUCATION PROGRAM AMENDMENT**

DATE: \_\_\_\_\_ STUDENT'S NAME: \_\_\_\_\_ STUDENT'S DATE OF BIRTH: \_\_\_\_\_

**\* Use this form to document that the parent and school district agreed to make changes to the IEP without reconvening the IEP meeting. This cannot take place of an annual review meeting and the form must be attached to the child's IEP.**

Dear \_\_\_\_\_:  
(Parent(s)/Guardian(s) Name)

On \_\_\_\_\_ you and \_\_\_\_\_  
(Date of Contact) (School District Personnel and Title)

met in person       spoke on the phone       exchanged e-mails       exchanged faxes

and agreed to make the following changes to your child's current IEP as indicated below.

**Changes and Explanation of Changes:**

Enclosed is a copy of your child's current IEP along with the changes. The changes will begin on \_\_\_\_\_ and be implemented in your child's current placement.

If you disagree with the changes, want to request a meeting to discuss the changes above, or want to request a copy of **Explanation of Procedural Safeguards**, please contact the person indicated below with any questions in regards to the above changes.

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Sincerely,

\_\_\_\_\_  
(Signature)

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

Title: \_\_\_\_\_



**PARENT/GUARDIAN EXCUSAL OF AN INDIVIDUALIZED EDUCATION PROGRAM TEAM MEMBER**

DATE: \_\_\_\_\_ STUDENT'S NAME: \_\_\_\_\_ STUDENT'S DATE OF BIRTH: \_\_\_\_\_

Dear \_\_\_\_\_:  
(Parent(s)/Guardian(s) Name)

An IEP Team meeting is scheduled for your child on \_\_\_\_\_.

We  met in person  spoke on the phone  exchanged e-mails  exchanged faxes and agreed to the following:

Allowing team members to be excused from attending and IEP meeting is intended to provide additional flexibility to parents in scheduling meetings. The presence and participation of the Individualized Education Program (IEP) team member(s) identified below is/are not necessary and has/have been excused from being present and participating in the meeting. The "team member" is described in the regulations as, the general education teacher, special education teacher, LEA representative, and/or an individual who can interpret the instructional implications of evaluation results, who may be a member of the team already identified.

**Content area of excused member not discussed at the meeting**

Yes  NA The school district and parent/guardian agree the following member(s) is/are not required to attend the IEP meeting in whole or in part because the individual's area of curriculum, content or related service will not be discussed or modified.

\_\_\_\_\_  
Name and Area

\_\_\_\_\_  
Name and Area

\_\_\_\_\_  
Name and Area

\_\_\_\_\_  
Name and Area

**Content area of excused member discussed at the meeting**

Yes  NA The school district and parent/guardian agree the following member(s) may be excused from attending the IEP meeting in whole or in part, when the meeting involves a modification to or discussion of the member's area of the curriculum or related services, if the member submits input into the IEP in writing to the parent and to the teach prior to the meeting.

\_\_\_\_\_  
Name and Area

\_\_\_\_\_  
Name and Area

\_\_\_\_\_  
Name and Area

\_\_\_\_\_  
Name and Area

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized School Personnel Signature

\_\_\_\_\_  
Date

if you have any questions or would like a copy of Explanation of Procedural Safeguards, please contact:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Sincerely,

\_\_\_\_\_  
(Signature)

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

Title: \_\_\_\_\_

**PARENT/GUARDIAN AND STUDENT NOTIFICATION OF TRANSFER OR RIGHTS DUE TO AGE OF MAJORITY**

DATE: \_\_\_\_\_ STUDENT'S NAME: \_\_\_\_\_ STUDENT'S DATE OF BIRTH: \_\_\_\_\_

Dear \_\_\_\_\_ and \_\_\_\_\_:  
(Parent(s)/Guardian(s) Name) (Student's Name)

When a student with a disability reaches 18 years of age (the age of majority under State law) all educational rights transfer from the parent(s)/guardian(s) to the student. The Individuals with Disabilities Education Act (IDEA) requires that both parent(s)/guardian(s) and the student receive notice of the transfer of educational rights one year prior to the student's eighteenth birthday. However, the parent(s)/guardian(s) will continue to receive the ten day notice prior to the date of any special education meeting after the student turns eighteen.

On the date of age of majority, all rights pertaining to the special education program/services shall transfer from the parent(s)/guardian(s) to the student unless the school district is otherwise notified (e.g. Delegation of Rights to Make Educational Decisions form).

Student's legal name: \_\_\_\_\_ Date of age of majority: \_\_\_\_\_

**CHECK ONE:**

- This serves as your one (1) year prior notice of the anticipated transfer of educational rights to the above named student under IDEA.
- This serves as your notice that all educational rights under IDEA have been transferred to the above named student.

If you have any questions concerning this procedure or require an additional copy of your rights, the **Explanation of Procedural Safeguards**, please contact:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Sincerely,

\_\_\_\_\_  
(Signature)

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

Title: \_\_\_\_\_

## DELEGATION OF RIGHTS TO MAKE EDUCATIONAL DECISIONS

STUDENT'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ DATE OF AGE OF MAJORITY: \_\_\_\_\_

I, \_\_\_\_\_, am 18 years of age or older and a student who has the right  
(Student Name)

to make educational decisions for myself under State and federal law. I have not been adjudged incompetent and, as of the date of the execution of this document, I hereby delegate my right to give consent and make decisions concerning my education to the individual identified below. This individual will be considered my "parent" for purposes of the Individuals with Disabilities Education Improvement Act of 2004 and Article 14 of the School Code and will exercise all of the rights and responsibilities concerning my education that are conferred on a parent under those laws.

I understand and give my consent for this individual to make all decisions relating to my education on my behalf. I understand that I have the right to be present at meetings held to develop my Individualized Education Program (IEP) and that I have the right to raise any issues or concerns I may have and that the school district must consider them.

This delegation will be in effect for one year from the date of execution below and may be renewed by my written or other formal authorization. I also understand that I have the right to terminate the Delegation of Rights at any time and assume the right to make my own decisions regarding my education. I understand that I must notify the school district immediately if I revoke this Delegation of Rights prior to its expiration.

(OPTIONAL) - I have received this form and have chosen **NOT** to delegate my rights

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

(REQUIRED) - I have received this form and have **CHOSEN** to delegate my rights to the individual listed below.

\_\_\_\_\_  
Name of "Parent" Representative

\_\_\_\_\_  
Relationship (Optional)

\_\_\_\_\_  
"Parent" Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized School Personnel Signature

\_\_\_\_\_  
Date

(REQUIRED, WHEN APPLICABLE) - I wish to **TERMINATE** the Delegation of Rights at this time and assume the right to make my own decisions regarding my education.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date