

Livingston County Special Services Unit

920 CUSTER AVENUE, SUITE A • PONTIAC, ILLINOIS 61764
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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, **Notice of Procedural Safeguards**, regarding the district's decision. To discuss any concerns or if you have any questions regarding this decision, please contact:

Name: Dawn Conway Title: Director of Special Education - LCSSU Phone: 815-844-7115

Sincerely,

(Signature)

Name: _____

Title: _____

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