## **Livingston County Special Services Unit**

920 CUSTER AVENUE, SUITE A · PONTIAC, ILLINOIS 61764 PHONE: 815-844-7115 · FAX: 815-842-3170 · TDD: 815-842-3170

PARENT/GUARDIAN CONSENT FOR REEVALUATION			
DATE:	STUDENT'S NAME:_		STUDENT'S DATE OF BIRTH:
Dear			
	(Parent's/Guardian's Name)		
services. A reevalu	uation must occur at least of ation may not occur more t	once every three years unles	ch child being reconsidered for special education and related is the parent and school district agree that a reevaluation is not parent and school district agree it is necessary. The purpose of
<ul> <li>Whether ti</li> </ul>	he child continues to have o	one or more disabilities:	8
		vement and functional perform	mance of the child;
		ecting the child's education	9
<ul> <li>Whether the</li> </ul>	he child continues to need :	special education and related	
meet the r	measurable annual goals ir		cation and related services are needed to enable the child to n Program (IEP) and to participate appropriately in the general ies.
experienced by the addressed, will vary you are a member,	e individual child under co y depending on the needs of determines the specific as	nsideration. The nature and of your child and the type of a sessments needed to evaluate	sability) that may be relevant to the educational problems intensity of the evaluation, including which domains will be existing information already available. The IEP Team, of which te the individual needs of your child. Upon compliction of your efindings and determine eligibility for special education and
		orm prior to obtaining paren agreement and not parental	cal consent for a reevaluation. If the IEP team determines no consent is required.
PARENT/GUARDIA	AN AGREEMENT THAT N	O ADDITIONAL DATA IS N	EDED
	hool district is not required uest the school district to c		determine if my child continues to be a child with a disability.
☐ I agree	☐ I do not agree	with the determinatio	n that no additional data is needed.
Date:	Parent/G	uardian Signature:	or the state of th
PARENT/GUARDIA	AN CONSENT TO COLLEC	CT ADDITIONAL EVALUAT	ON DATA
required to, pursue district is not in viol to the request for or consent. I understa	override procedures throu lation of providing free app onsent, the school district	gh due process. If the scho propriate public education to may pursue the reevaluation to me and contained in the	tion. If I refuse consent, the school district may, but is not old istrict chooses not to pursue such procedures, the school my child. Furthermore, I understand that if I fail to respond if the school district made reasonable efforts to obtain such Notice of Procedural Safeguards. I understand the scope
☐ I give consent	☐ I do not give conse	nt to collect the addition	al evaluation data as described on page 2 of this form.
Date:	C consultation (C	undian Circuta	*
	Parent/G	uardian Signature:	A STATE OF THE STA
			Page 1 of 2

ISBE 34-57C (1/08)