

## Form #3 - Prior Written Notice for Special Education Evaluation

Student's Name: \_\_\_\_\_ Student #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date Sent: \_\_\_\_\_

Name of Parent/Guardian/Surrogate: \_\_\_\_\_

Address of Parent/Guardian/Surrogate: \_\_\_\_\_

Dear \_\_\_\_\_,

On \_\_\_\_\_ we had a meeting or a discussion about a special education evaluation of your child. Based on that meeting/discussion, and with your consent, we plan to evaluate \_\_\_\_\_ for the purpose listed below. This evaluation will be provided at no cost to you.

Conduct an initial evaluation to determine if he/she is eligible for special education services. The information collected from the evaluation can assist the team in determining:

- Whether your child has a disability
- The educational strengths and needs of your child
- Your child's present levels of academic achievement
- The functional performance of your child

If your child has a disability, whether that disability has an adverse effect on their educational performance and whether he/she needs special education and/or related services

Enclosed, you will find an Evaluation Plan (Form 2), your Parental Rights, and a consent form (Form 3a). We must complete the evaluation and provide you with a copy of the evaluation report within 60 calendar days from the date we receive your written consent for the evaluation to begin.

Conduct a re-evaluation with new testing or other evaluation methods to determine whether your child continues to be eligible for special education services.

Determine eligibility, or continued eligibility, for special education services by reviewing existing educational records. We are required to provide you with this notice before we begin the review of your child's records.

We have agreed there is a need to obtain additional information through new testing or other evaluation methods. In order to complete this testing, we are asking for your consent and have included a copy of your Parental Rights and a consent form (Form 3a).

### Contact Information:

If you have questions about this document or would like additional information, please contact:  
the [Special Education Monitoring Team](#)

This document includes the following rights:

- A. Parents have the right to refuse consent and, if given, it may be revoked at any time.
- B. If contested, your child's current educational placement will not change until due process proceedings have been completed.
- C. Parents have the right to review and obtain copies of all records used as a basis for a referral.
- D. Parents have the right to be fully informed of all evaluation results and to receive a copy of the evaluation report(s).
- E. Parents have the right to obtain an independent evaluation as part of the evaluation process.
- F. Parents have the right to utilize due process procedures.

If you have any questions or would like to discuss this further, please contact me at:

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Sincerely,

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

Position: \_\_\_\_\_