

Dear _____,

On _____, the school district received a referral to evaluate your child _____ to determine whether he/she has a disability and need for special education. The school district is responsible for this assessment and will conduct it at no cost to you. You are an important member of the IEP Team. You may include others on the IEP Team who have knowledge or special expertise about your child.

You and your child (if appropriate) are IEP Team participants.

In addition, the following people will be representatives for the district:

Role	Name, if known
Representative of district authorized to commit resources.	
Special education specialist(s)	
Regular education teacher(s)	
Related services personnel	
Other	

The district assessment team will review existing information available on your child, including information provided by you. The assessment team will then determine what areas of suspected disability will be assessed. You will be sent an Assessment Plan within 15 days of the school district receiving the referral to evaluate your child. The Assessment Plan will inform you of the types of assessments that will be conducted. Upon completion of the evaluation you will be given a copy of the report(s).

Within 60 days of receiving your consent for evaluation, an IEP Team meeting will be held to determine if your child is eligible for special education and related services. If your child is eligible, an IEP will be developed to address your child's needs and determine the appropriate services and placement for your child. The district needs your written consent before initially assessing and/or providing special education and related services to your child.

You and your child have protections under the procedural safeguards (rights) of special education law. Please read the enclosed Procedural Safeguards with this notice. If you have any questions, please contact _____ at _____.