

# NOTICE OF INDIVIDUAL EVALUATION/RE-EVALUATION REQUEST

## Hancock County Schools

Student's Full Name \_\_\_\_\_  
School \_\_\_\_\_  
Parent(s)/Guardian(s) \_\_\_\_\_

Date \_\_\_\_\_  
DOB \_\_\_\_\_  
WVEIS # \_\_\_\_\_

INITIAL \_\_\_\_\_

RE-EVALUATION \_\_\_\_\_

OTHER \_\_\_\_\_

### Dear Parent(s) and Student:

We are interested in providing an appropriate education for your child. Your permission is requested to conduct an evaluation to more specifically determine the educational needs of your child. If your child has been receiving special education services, a re-evaluation is required at least every three years or more frequently, if warranted.

The results of this evaluation will be used to determine if the present educational services need to be adjusted for your child. These results, including information from the parent(s), will serve as the primary source to determine eligibility for special education and related services. This evaluation will be conducted by qualified multidisciplinary personnel and will include the areas checked:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Academic Information           | <input type="checkbox"/> Health _____                 | <input type="checkbox"/> Transition Assessments           |
| <input type="checkbox"/> Achievement                    | <input type="checkbox"/> Hearing _____                | <input type="checkbox"/> Functional Vocational Evaluation |
| <input type="checkbox"/> Classroom Performance          | <input type="checkbox"/> Information from the Parents | <input type="checkbox"/> Vocational Aptitudes             |
| <input type="checkbox"/> Adaptive Skills                | <input type="checkbox"/> Intellectual Ability         | <input type="checkbox"/> Interests/Preferences            |
| <input type="checkbox"/> Assistive Technology           | <input type="checkbox"/> Motor Skills                 | <input type="checkbox"/> Informal Assessments             |
| <input type="checkbox"/> Behavioral Performance         | <input type="checkbox"/> Observation(s)               | <input type="checkbox"/> Vision                           |
| <input type="checkbox"/> Functional Behavior Assessment | <input type="checkbox"/> Perceptual-Motor             | <input type="checkbox"/> Orientation & Mobility           |
| <input type="checkbox"/> Communication                  | <input type="checkbox"/> Social Skills                | <input type="checkbox"/> Other (specify)                  |
| <input type="checkbox"/> Developmental Skills           |   |   |

Upon completion of the evaluation, a meeting will be scheduled to discuss the evaluation results. A **Procedural Safeguards** brochure (explaining parent/student rights and the responsibilities of the county schools district) is enclosed. A description of each evaluation component is also enclosed.

\_\_\_\_\_  
*Signature* *Date*

**Parent(s): Please return this form within 5 days and retain a copy for your records.**

I have read, or had read to me, the above Notice of Individual Evaluation/Re-evaluation Request regarding my child. I understand the contents and implications of this notice and have been advised of my rights.

### Check one:

- \_\_\_\_\_ I give permission to evaluate/re-evaluate.  
\_\_\_\_\_ I wish to schedule a conference before I decide.  
\_\_\_\_\_ Do not evaluate/re-evaluate my child.

\_\_\_\_\_  
*Parent Signature* *Date*

\_\_\_\_\_  
*Student* *Date*

**Form #3**