District/LEA:	
Student Name:	Date of Birth:
Dear Parent of,	Date:

Your child was referred by \Box Parent \Box Babies Can't Wait (BCW) \Box Student Support Team (SST) \Box Other: _____ and was recommended for evaluation to determine if your child is eligible for special education services and supports.

After reviewing the information in the referral and considering conducting an individual evaluation, the school system is refusing the request for an individual evaluation to determine if your child is eligible for special education services The district is refusing the request for an individual evaluation for the following reasons:

Describe the evaluation procedure(s), assessment(s), record(s), or report(s) the district/LEA used in the decision.

Describe any other options considered and the reasons those options were rejected.

Describe any other factors relevant to the decision.

You and your child currently have protections identified in the Parental Rights (also called procedural safeguards). A copy of those procedural safeguards has been included. If you need assistance in understanding your rights, need information translated into another language or if you have any questions about the evaluation process or need more details about the evaluation, please contact the following:

Name

Position

Phone Number

Email