

District/LEA: _____

Student Name: _____ Date of Birth: _____

Dear Parent of _____, Date: _____

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

The school system is proposing to conduct an individual evaluation to gather more information about how to better meet your child's needs and determine whether your child is eligible for special education services.

The district is proposing to conduct 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 with this notice. 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
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