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| PURPOSE: A school district must ensure that a reevaluation of each student eligible for special education is conducted at least once every three years or when the school district determines that the educational or related services needs of the student warrant a reevaluation, unless the parent and the school district agree that a reevaluation is unnecessary. Parents have the right to request that a reevaluation is conducted. This sample form documents the decision made by the parent and district that a reevaluation is not necessary. |

# AGREEMENT THAT A REEVALUATION IS UNNECESSARY

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  | Date: | | | | |  |
|  | |  |  | | | | |  |
| To: |  | | | |  | Re: |  | |
| *Parent(s)/guardian(s)/adult student* | | | |  | | | | *Student name* |

|  |  |  |
| --- | --- | --- |
| A reevaluation of your student is due on: |  | . |

We believe that a reevaluation to determine whether your child continues to be a child with a disability in need of special education and related services, and to address the current educational needs of your child, is not necessary at this time. This decision was made for the following reason(s):

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|  |

If you agree, the date of your signature below will be considered the date from which the next three-year reevaluation will be due. You may always request that a reevaluation is conducted sooner than the next three-year reevaluation date. Please sign, date, and return one copy of this form to the school district.

|  |  |  |  |
| --- | --- | --- | --- |
| **I agree** that a reevaluation is unnecessary at this time. | | | |
| **I do not agree**. Reason (optional): | | |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *Parent/guardian/adult student signature* |  | *Date* |
|  |  |  |
| *School district representative signature* |  | *Date* |

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