

**NOTICE OF REEVALUATION IEP TEAM MEETING
and
PRIOR WRITTEN NOTICE OF PROVISION OF FREE APPROPRIATE PUBLIC
EDUCATION**

Department of Special Education/Sevier County Schools

Student _____ Date Sent: _____
To: _____
(Parent(s) or Guardian)

Federal and State laws require that each student receiving special education services be reevaluated at least every three years, or as conditions warrant, to determine if the student continues to meet the State criteria to be eligible for special education services. In addition, the law requires that the parents be given notice that it is time for their child to be reevaluated. The purpose of this meeting will be to review the existing data on your child, which includes previous evaluations, system-wide assessments, information provided by you, current classroom-based assessments, and observations from your child's teachers and/or service providers. On the basis of the IEP Team review, which includes your input, the IEP Team will determine what additional data, if any, are needed in order to determine if your child continues to meet eligibility requirements and to plan a program appropriate for your child. For your information, I have enclosed the *Rights of Children with Disabilities and Parent Responsibilities* brochure for your review.

We encourage you, as a member of your child's IEP Team, to attend this meeting. The meeting will be held as follows:

Date : _____ Time: _____
Location: _____

If you have any questions, please contact: _____ (person) at your child's school, or the Director of Special Education at 453-1036.

Enclosure: *Rights of Children with Disabilities and Parent Responsibilities* revised 2/2002

Detach this portion and return to the school by your child or by mail.

REEVALUATION MEETING RESPONSE

Student _____

- ___ 1. Yes, I will meet with you at the scheduled time.
___ 2. No, I cannot meet with you as scheduled but can participate if the meeting was rescheduled to a mutually agreed upon time and/or place.
___ 3. No, I will not be able to meet with you; but I expect to be informed of the outcome and recommendations.

Parent/Guardian Signature _____ Date _____