



Eastern Illinois Area of Special Education
 5837 Park Drive
 Charleston, IL 61920
 Ph: 217-348-7700 FAX: 217-348-7704

Reevaluation Proceeding without Parent Consent

Name of Child	D.O.B.	Current Date

Dear _____,

This letter is to inform you that your child’s special education reevaluation will proceed without your prior written consent. The Individuals with Disabilities Education Act 300.300 (c)(1)(i) states, “Subject to paragraph (c)(2) of this section, each public agency must obtain informed parental consent, in accordance with Sec. 300.300(a)(1), prior to conducting any reevaluation of a child with a disability.” However, IDEA 300.300(c)(2)(i)(ii) also states, “The informed parental consent described in paragraph (c)(1) of this section need not be obtained if the public agency can demonstrate that it made reasonable efforts to obtain such consent; and the child's parent has failed to respond.” The district has made reasonable efforts to obtain your consent as documented below and thus far you have not responded. Therefore, your child’s reevaluation will proceed, as noted on the attached Domain page. We have also attached a copy of your parents rights.

Documented Attempts to Obtain Consent:

Date:	Method of Contact:	Attempt Made By:	Notes/Outcome:

If you have questions or concerns about this notice, your rights, or if you wish to meet to give or refuse consent for your child’s reevaluation, please contact:

_____ at _____
 (Name) (Phone)

Sincerely,

_____ (Name) _____ (Title) _____ (Phone)