DECISION TO DISCONTINUE CASE STUDY EVALUATION

Eastern
Illinois Area
of Special
Education
Phone: 217/348-7700
FAX: 217/348-7704

Date: _____

Re: _____

BD: _____

Dear Mr. and Mrs.: _____

_____ was referred for **(check one)**:
(Name of Child)

☐ an initial case study evaluation.

☐ a reevaluation.

The case study evaluation cannot be completed at this time because:

_____

_____

_____

_____

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If you wish to discuss any concerns or have any questions regarding your rights or the decision not to conduct this evaluation, please contact:

_____
(Name and Phone)

Sincerely,

_____

cc: Person submitting referral