

ADMINISTRATIVE REGULATION

APPROVED: March 18, 2011

REVISED: July 2, 2012

PENN MANOR SCHOOL DISTRICT

114-AR-5. NOTICE OF INTENT TO RE-EVALUATE

Date: _____

Name and Address of Parent/Guardian:

Student's Name: _____

Dear _____:

The school district is planning to re-evaluate your child for the following reason(s):

In the gifted re-evaluation, we will review your child's GIEP, make a determination of which instructional activities have been successful and provide recommendations for the revision of the GIEP. It may also include information relevant to your child's giftedness, academic functioning, learning strengths and educational needs as shown by present levels of educational performance, assessment results, classroom observations, and information from you. Specific types of tests and procedures, which will be used in the re-evaluation, include the following:

The re-evaluation is proposed for the following date(s):

The school district will form a Gifted Multidisciplinary Team (GMDT) to conduct the re-evaluation. As parent(s)/guardian(s), you are a member of the team. You will be invited to all team meetings. Information from you is to be considered by the team as part of the re-evaluation process. If you want to send written comments, please do so.

The Gifted Multidisciplinary Team (GMDT) will determine whether your child continues to be eligible for gifted support and services. This information will be outlined in a Gifted Written Report (GWR) and will be given to the Gifted Individualized Education Plan (GIEP) team. As parent(s)/guardian(s), you are a member of the GIEP team. You will be invited to all team meetings. The gifted re-evaluation is to be completed and the report is to be delivered to you within sixty (60) calendar days of the re-evaluation.

Please call me at the number listed below to discuss information that you feel is important to include in the evaluation. Please read the enclosed Notice of Parental Rights/Procedural Safeguards, which includes parental resources such as state or local advocacy organizations. If you have any questions, or if you need the services of an interpreter, please contact me.

| Name | Position | Phone |
|------|----------|---------------|
| | | Email Address |

Directions For Parents/Guardians: Please check the appropriate item(s), sign and return this form to the person below. The district may request a hearing to proceed with a re-evaluation if you fail to respond to this request.

- I understand that a gifted re-evaluation will be done for my child and that I will receive a written copy of the Gifted Written Report (GWR). The GWR will also be given to the Gifted Individualized Education Plan (GIEP) team to assess my child's placement and program.
- I object to the proposed gifted re-evaluation. Please do not begin the gifted re-evaluation process at this time.
 - I request mediation.*
 - I would like an impartial due process hearing.*

| | | |
|--|---------------|------------------------|
| _____ Parent(s)/Guardian(s) Signature | _____ Date | _____ Daytime Phone |
| | | _____ Email Address |

School District Contact: _____

* The enclosed Notice of Parental Rights/Procedural Safeguards provides information on the options listed above.

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| <i>For District Use Only</i> |
| Date of Receipt of Notice of Intent to Re-evaluate |
| _____ Due Date for GWR |
| _____ |