



# HIGH PLAINS EDUCATIONAL COOPERATIVE

“High Plains Educational Cooperative will assist and support the member districts in providing educational services which will maximize opportunities for all children to live, learn, and work in society.” *HPEC Mission Statement*

621 E. Oklahoma

Ulysses, KS 67880  
620-356-5577

## NOTICE OF PROPOSED EVALUATION AND REQUEST FOR CONSENT As a Special Education Action

DATE \_\_\_\_\_ ADDRESS \_\_\_\_\_

TO \_\_\_\_\_ ON BEHALF OF \_\_\_\_\_  
(Parent/Legal Educational Decision Maker) (Student)

The LEA has been requested, or proposes, to complete the following action to consider your child's needs for special education services. Please review the items marked. If you have questions, please feel free to discuss them with the LEA education staff.

### SPECIAL EDUCATION ACTION PROPOSED:

A.  **1. The LEA proposes to conduct an initial evaluation. (Parental Consent Required)**

The evaluation will review existing evaluation data, including information you wish to provide, information related to enabling your child to be involved in and progress in the general curriculum, current classroom-based assessments and observations, and teacher and other staff observations (preschoolers would include an observation of the child in everyday activities). If additional information is needed, we will use the assessment tools, instruments and

**2. The LEA proposes to conduct a reevaluation. (Parental consent required)**

Federal and state laws require us to reevaluate your child at least once every three years, or upon request from you, or the teacher. The reevaluation will involve a review of existing evaluation data, including information provided by you, current classroom-based assessments and observations, and teacher and other staff observations. If additional information is needed, we will use the assessment tools, instruments and strategies that are stated in the areas checked below.

New Existing  
Data Data

- Health/Motor Ability** –May include assessment of physiological and/or neurological conditions including gross and fine motor skills, metabolic functioning and evidence of disease or injury. Assessment may also include laterality, directionality, balance, kinesthetic skills, tactile skills and ambulatory/postural problems.
- Vision** –May include assessment of near and far point visual acuity, eye muscle control, depth perception, color blindness and orientation/mobility skills.
- Hearing** –May include assessment of acuity for pure-tones and speech, middle ear function, central auditory processing skills and the need for/use of amplification.
- Social/Emotional Status** –May include assessment of social/emotional/behavioral development in relation to learning, interpersonal relationships and self
- General Intelligence** –May include assessment of general mental abilities including specific strengths and weaknesses and/or sensory perceptual learning processes
- Academic Performance** –May include assessment of educational skills and achievement levels including pre-academic/academic education.
- Communicative Status** –May include assessment of articulation skills, auditory perception, voice, fluency and expressive/receptive language development. For a child who is blind or visually impaired, provide Braille or the case of a child who is deaf or hard of hearing, consider the child's language and communication needs.
- Transition Skills** –May include assessment of work samples, interest inventories and aptitude, activities of daily living, and courses of study.
- Other Specify:**

**3. No Reevaluation is needed.** Parents and the local education agency have agreed not to conduct a routine three-year reevaluation. However, an annual review will be conducted with updates on present levels of performance and goals.

You have the right to request that an assessment be completed to determine whether your child is eligible, or in the case of a reevaluation, whether your child continues to be eligible to receive special education and related services. If you want this assessment to be conducted, please contact:

\_\_\_\_\_ at \_\_\_\_\_ by \_\_\_\_\_  
(school contact) (phone) (10 school days)

4. The LEA refuses to conduct an evaluation. (Parental Consent Not Required)

5. The LEA refuses to conduct a reevaluation. (Parental Consent Not Required)

**B. EXPLANATION OF WHY THE ACTION IS PROPOSED OR REFUSED:**

- Parent request
- Student's lack of progress in general curriculum
- Federal requirement (3 yr reevaluation)
- Intervention team recommendation
- To determine if eligible for special education services
- Other

**C. OPTIONS CONSIDERED AND WHY THE OPTIONS WERE REJECTED:**

- Continue intervention without assessment
- Conduct comprehensive evaluation
- Not conduct evaluation
- Other

Reasoning:

**D. DESCRIPTION OF THE DATA USED AS BASIS FOR THE PROPOSED OR REFUSED ACTION:**

- Parent request
- Determine student performance and need
- Early childhood screening referral
- Intervention team referral
- Lack of satisfactory progress in general curriculum
- Federal requirement (3 yr reevaluation)
- Other

**E. POSSIBLE HARMFUL EFFECTS OF THE RECOMMENDED ACTION WERE CONSIDERED AND DISCUSSED:**

- Student may miss class time
- Time factors
- Student may experience decreased self-esteem/worth
- Student may be treated differently by peers & others
- Other

**PROCEDURAL SAFEGUARDS TO PROTECT PARENT'S RIGHTS**

Both state and federal laws concerning the education of children with exceptionalities include many parental rights. Receiving notices of action the school wants to take in regard to your child and being a part of your child's educational planning team are examples of your rights. These laws also require that the school follow certain procedures to make sure you know your rights and have an opportunity to exercise those rights.

You received a copy of your rights when a referral was made. You should carefully read them and, if you have any questions regarding your rights, you may contact: **High Plains Educational Cooperative at 620-356-5577 or 800-779-4732.**

**ADDITIONAL INFORMATION**

You may contact any of the following IDEA 97 funded resources to help you understand the federal and state laws for educating children with exceptionalities and parental rights (procedural safeguards) granted by those laws:

Kansas State Dept. of Education 800-203-9462  
Families Together, Inc. (Garden City) 888-820-6364  
Disability Rights Center of Kansas 877-776-1541  
Keys for Networking 785-233-8732

Other Local Resources:

**ACKNOWLEDGMENT**

I have been fully informed of all information relevant to the proposed evaluation regarding my child. I understand the proposed action. I also have been provided a statement of my parental rights (procedural safeguards). I understand these rights and safeguards.

\_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Legal Education Decision Maker)

\_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Legal Education Decision Maker)

**CONSENT FOR SPECIAL EDUCATION ACTION**

If the previous statements are correct, we ask that you give us consent to carry out special education action as indicated. Any disagreement we have regarding any of the above matters may be resolved by our mutual agreement, through mediation or through due process proceedings. An explanation of mediation and due process proceedings is provided upon request.

The proposed action(s) may begin immediately upon receiving your written permission. If you have any questions regarding this notice, you may contact your local school psychologist or sign and date this form and return it in the enclosed envelope.

***GIVE CONSENT***

I give consent for the special education action specified in this notice for my child.  
I understand this consent is voluntary and may be revoked at any time.

\_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Legal Education Decision Maker)

\_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Legal Education Decision Maker)

***DO NOT GIVE CONSENT***

I do not give consent for the special education action specified in this notice for my child.

\_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Legal Education Decision Maker)

\_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Legal Education Decision Maker)

**REASON(S) FOR NOT GIVING CONSENT FOR THE PROPOSED ACTION(S):**