



**DISTRICT SCHOOL BOARD OF PASCO COUNTY
EXCEPTIONAL STUDENT EDUCATION SERVICES
CONSENT FOR REEVALUATION**

MIS Form #444
Rev. 1/15

Student _____ Date _____

Student # _____ DOB _____ Grade _____ School _____

A reevaluation is proposed for this student. This process involves gathering and reviewing information to assist us in determining whether she/he continues to have a disability and/or continues to need special education and related services.

The T/IEP team reviewed all available information and recommended one or more formal assessments that might include any of the following areas:

- AUDIOLOGICAL OR IMPEDANCE** To assess hearing ability.
- DEVELOPMENTAL** To assess intellectual, communication, and social skills.
- DIAGNOSTIC TEACHING** To assess overall functioning in an educational environment.
- EDUCATIONAL** To assess academic skills.
- MEDICAL** To assess physical status which might influence learning and may include pediatric, psychiatric, physical, and/or neurological evaluation.
- PHYSICAL OR OCCUPATIONAL THERAPY** To assess fine and/or gross motor skills.
- PSYCHO-EDUCATIONAL** To assess intellectual, academic, perceptual, behavioral, or language skills.
- SOCIAL** To assess social and behavioral ability or social/developmental history.
- SPEECH/LANGUAGE** To assess language ability, articulation skills, fluency, and voice quality.
- VISION** To assess visual ability.
- OTHER** _____

Other factors relevant to this proposal include _____

Following the assessment(s), a T/IEP meeting will occur to review the results and determine if any revisions to the T/IEP and/or any other recommendations pertinent to special education are needed. A reevaluation is required of each exceptional student at least every three (3) years or more frequently if necessary. We have chosen the following option for this student:

A three (3) year reevaluation _____	A more frequent reevaluation _____
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The other option was rejected as it did not meet the needs of this student or was not necessary at this time.

Students with exceptional needs and parents or guardians of a student with exceptional needs have protections under the Individuals with Disabilities Act (IDEA). Please refer to the Summary of Procedural Safeguards available on the Florida Department of Education website at <http://www.fldoe.org/core/fileparse.php/7690/urlt/0070135-procedural.pdf> or request a copy at your local school. Specific information for private school students is located on pages 19-20 of the document.

For additional information, please contact _____
Name and Phone Number

Respectfully,

Office for Student Support Programs and Services

Central Pasco County	813.794.2594
East Pasco County	352.794.2594
West Pasco County	727.774.2594

Signature and Title

<p>I understand my rights in regard to the evaluation(s).</p> <p><input type="checkbox"/> YES, I give permission for evaluation.</p> <p><input type="checkbox"/> NO, I do not give permission for evaluation.</p> <p>_____ Parent/Guardian/Adult Student Signature</p> <p>_____ Date</p>	<p><input type="checkbox"/> Procedural Safeguards have been provided.</p> <p><input type="checkbox"/> This information was presented in a language understood by the recipient.</p>
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