



## Notice of Intent to Reevaluate

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**For District Use Only** - Date of receipt of *Notice of Intent to Reevaluate*: \_\_\_\_\_

Student Name:

Name and Address of Parent:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dear \_\_\_\_\_,

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

In the gifted reevaluation, we will review your child’s Gifted Individualized Education Program (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 reevaluation, include the following:

The school district will form a Gifted Multidisciplinary Team to conduct the reevaluation. As a parent(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 reevaluation process. If you want to send written comments, please do so.

The Gifted Multidisciplinary Team will determine whether your child continues to be eligible for gifted support and services. This information will be outlined in a *Gifted Written Report*. If the team determines your child continues to be eligible for specially designed instruction the *Gifted Written Report* will be given to the GIEP team. As a parent(s), you are also a member of the GIEP team. You will be invited to all team meetings. The gifted reevaluation is to be completed and the *Gifted Written Report* is to be delivered to you within 60 calendar days of the reevaluation.

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 for Gifted Students*, which includes parent 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 Number

\_\_\_\_\_  
Email Address

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**Directions for Parents**

Please check the appropriate item(s), sign and return this form to the person above. The school district may request a hearing to proceed with a reevaluation if you fail to respond to this request.

I understand that a gifted reevaluation will be done for my child and that I will receive a written copy of the *Gifted Written Report*. The *Gifted Written Report* may also be given to the Gifted Individualized Education Plan (GIEP) team to assess my child's placement.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
(Initial) I have received a copy of the *Notice of Parental Rights for Gifted Students*.

\* The enclosed *Notice of Parental Rights for Gifted Students* provides information on the options listed above.