

THE SCHOOL DISTRICT OF PHILADELPHIA
SCHOOL HEALTH SERVICES

**PROTECTED HANDICAPPED STUDENTS
PERMISSION OR NOTICE OF EVALUATION**

Parent/Guardian
Address

Date _____

Re: Name of Student _____

Student ID _____ **Date of Birth** _____

Dear Parent/Guardian:

In order to assure that your child who attends the _____ School has access to education, the School District has reviewed your child's records and determined that an evaluation is needed.

Type of Evaluation:

Initial Evaluation **Reevaluation** **Modification** **Proposed Date**

_____	_____
_____	_____
_____	_____

The evaluation will determine your child's eligibility as a protected handicapped student. If so, you will be invited to help in preparing a Service Agreement for your child.

You have the following rights:

- To review your child's education records
- To discuss your child's education records with someone who is authorized to answer your questions
- To discuss the referral and proposed evaluation plan with a member of the school support team
- To give or withhold consent for all or part of the proposed evaluation plan
- To request a hearing about all or part of the proposed evaluation plan.

You can arrange to do any of the above by calling _____

Sincerely, _____, Case Manager

- No response is needed. Permission was previously given.
- Your response is needed. Please mark one response, sign below and return to the Case Manager within 10 days.
- ___ I agree to the proposed evaluation.
- ___ I do not agree to the proposed evaluation because _____

Parent's Signature: _____ Date: _____