

**NOTICE OF RECEIPT OF REFERRAL AND  
START OF INITIAL EVALUATION**

Form IE-1 (Rev. 12/10)

**Notice sent with Statement of  
Parental Rights** \_\_\_\_\_  
*(Initials/Date)*

**CESA 7 \_\_\_\_\_ SCHOOL DISTRICT**

*[If you need this notice in a different language or communicated in a different way, or have questions about this notice, please contact \_\_\_\_\_ at \_\_\_\_\_.]*

Dear \_\_\_\_\_

On \_\_\_\_\_, the school district received a referral to evaluate your child \_\_\_\_\_ to determine whether he/she has a disability (impairment and need for special education). The individualized education program (IEP) team is responsible for this evaluation and will conduct this evaluation at no cost to you. You are a participant on the IEP team. You may include others on the IEP team who have knowledge or special expertise about your child.

<b>You and your child (if appropriate) are IEP team participants</b>	
In addition, the following people are being appointed to the IEP team by the school district	
<b>Role</b>	<b>Name, if known</b>
Representative of local educational agency (LEA) – authorized to commit the resources of the LEA	
Special Ed. Teacher(s)	
Regular Ed. Teacher(s)	
Related Services Personnel	
Others	
<b>For SLD evaluations using response to intervention only*</b> , a licensed person who is qualified to assess data on individual rate of progress using a psychometrically valid and reliable methodology.	
<b>For SLD evaluation using response to intervention only*</b> , a licensed person who has implemented scientific, research-based or evidence-based, intensive interventions with the referred pupil.	
<b>For SLD evaluation using response to intervention only*</b> , a licensed person who is qualified to conduct individual diagnostic evaluations of children.	

\*A public agency may designate a public agency member of the IEP team to also serve in these roles, if criteria are met.

Other options, if any, such as the selection of IEP team participants which were considered and the reason(s) they were rejected and a description of any other factors relevant to the proposed action:

None

IEP team participants will first review existing information available on your child, including information provided by you. The IEP team will then determine what, if any, further evaluation is necessary to assist in making a determination of whether your child has or does not have a disability and his or her educational needs. You will be sent a notification of this determination within 15 business days of the school district receiving the referral to evaluate your child. This notification will be sent by \_\_\_\_\_.  
*(month/day/year)*

If the IEP team determines that additional assessments and other evaluation materials are necessary, the school district needs your written consent (permission) before administering any assessments or other evaluation materials to obtain further information about your child. You will be informed about what assessments or other evaluation materials will be given before they are administered. You will also be informed of the names of the individuals who will conduct those evaluations, if known at the time of the notice. Upon completion of the evaluation the IEP team will prepare an evaluation report which will include documentation of your child’s eligibility for special education. You will be provided with a copy of the evaluation report.

Within 60 calendar days of receiving your consent for evaluation or being provided with a notice that no further assessment of your child is necessary, the IEP team will meet to determine whether your child has a disability and to identify his or her educational needs. If the IEP team determines that your child is a child with a disability, the team will meet to develop an IEP to address your child’s needs and determine a placement to carry out the IEP within 30 calendar days. You will be provided with a notice of placement and a copy of your child’s IEP. The school district needs your written consent (permission) before initially providing special education to your child. If it is determined that your child is not a child with a disability, you will be provided with a notice of that finding.

If at any point during an IEP team meeting to determine your child’s eligibility for special education, develop an IEP, or determine a placement, you or other IEP team participants believe that additional time is needed to permit your meaningful involvement, additional time will be provided subject to the time limitations described above. This IEP team process may be concluded in one meeting or may require more than one meeting depending on individual circumstances.

You and your child have protection under the procedural safeguards (rights) of special education law. Please read the brochure of parent and child rights enclosed with this notice. In addition to district staff, you may also contact Nissan Bar-Lev at 920-849-9384 if you have questions about your rights.

Sincerely,

\_\_\_\_\_  
Name and Title of District Contact Person