## OP-4 Agreement to Waive Reevaluation (Optional Form)

District:	Date of Meeting:	
Child's Name:	Student ID:	Grade:
Office of Name.	Otadoni ID.	Orace.
Agreement to Waive Reevaluation		
Date Sent:		
Name of Parent/Guardian/Surrogate:		Relationship to Student:
Street Address:		
City:State:	Zip:	<u> </u>
RE: Reevaluation Not Necessary		
<del>Dear</del>		
The Individuals with Disabilities Education Improvemed disability be conducted at least once every three year unnecessary.		
The IEP team has reviewed your child's progress to date and has determined that no additional data are needed to determine whether your child continues to be a child with a disability and to determine the child's educational needs. Based on this, the team is recommending that a reevaluation is NOT necessary and be waived for the following reasons:		
Parental agreement to waiving the reevaluation must be in writing. If you have any questions about waiving the reevaluation, or if you need the services of an interpreter, please contact me.		
Name:	Position:	
Phone:	Email:	
Parent/Guardian/Surrogate Signature		Day Time Phone
Directions for Parent/Guardian/Surrogate:		
Please check one and sign below.		
Yes, I agree that my child does not need to be reevaluated at this time; however, I understand that I may request a reevaluation at a later date.		
No, I do not agree to waive a reevaluation and would like to have my child reevaluated.		
Please return this entire form to:		
Name:		
Street Address:		
City	7in:	
City: State:	Zip:	_

A copy of the Procedural Safeguards Notice, A *Guide to Parent Rights in Special Education,* is available upon request from your child's school Please contact the person listed on this form if you need a copy of this notice. This guide explains your rights and includes state and local advocacy organizations that are available to help you understand your rights and how the special education process works.