

ALBEMARLE COUNTY PUBLIC SCHOOLS
DEPARTMENT OF SPECIAL SERVICES
401 McINTIRE ROAD
CHARLOTTESVILLE, VIRGINIA 22902
(434) 296-5885

PERMISSION FOR RE-EVALUATION

Student Name _____ DOB: _____ School _____

The decision to recommend a re-evaluation was based on the following information:

FILL IN JUST ONE BOX.

I GIVE PERMISSION for Albemarle County Public Schools to proceed with the re-evaluation of my child in order to determine whether or not _____ (student's name) continues to be eligible for special education and related services. I have participated and agree with the selection of re-evaluation components.

_____/_____/_____
Signature of Parent(s) / Guardian(s) Date

OR

I DO NOT GIVE PERMISSION for Albemarle County Public Schools to proceed with the re-evaluation of my child in order to determine whether or not _____ (student's name) continues to be eligible for special education and related services.

_____/_____/_____
Signature of Parent(s) / Guardian(s) Date