

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

PARENTAL NOTIFICATION OF INTENT FOR RE-EVALUATION

Date: ____/____/____

Dear _____ :

This letter serves as official notification which initiates the re-evaluation process to be completed within 65 business days. A copy of the Component Selection and a parent permission form for the special education re-evaluation of your child is attached. We plan to complete any testing / assessments once we have received your permission to re-evaluate your child. If we have not received the parent permission form within 10 administrative days of your receipt of this notice, we will proceed with the re-evaluation.

Upon completion of the re-evaluation we will schedule an eligibility meeting and you will be notified of the time and place of the meeting. We look forward to working with you and your child. Please contact me if you have any questions or concerns or you would like a copy of the Procedural Safeguards.

Sincerely,

Name

Title

Phone number