



Form 8 - Written Agreement Between Parents and District – Re-evaluations

School District _____ Case Manager _____

Student Name _____ Date of Birth: ____/____/____ Child Count ID # _____

The authorized School District staff has explained to the Parent that he or she is not required to enter into this agreement. Your child’s special education services will not be affected by entering into this agreement.

_____/_____/_____
Authorized District Staff Name – Title Date

School Name

THREE YEAR RE-EVALUATION

The School District and the Parent have agreed that the School District will not conduct the three-year re-evaluation

that is currently due on: ____/____/____.
Date

The reason(s) for this decision is (are):

_____/_____/_____
Authorized District Staff Signature Date

_____/_____/_____
Parent/Guardian/Surrogate/Adult Student Signature Date

(The date of the parent signature will be considered the date from which the next triennial will be due.)

Note: *Prior Written Notice about Evaluation/Consent for Evaluation is not required.*