

**SAMPLE NOTICE FOLLOWING AN IDENTIFICATION/EVALUATION PLANNING
MEETING – NO EVALUATION**

Date: _____

Parent's Name: _____

Address: _____

City, State ZIP Code: _____

Dear (parent's name):

As the result of an identification meeting held with you on (date), the members of the child study team and your child's teacher(s) have determined that an evaluation of your child for special education and related services is not warranted. Therefore, an evaluation will not be conducted because: (state the reason).

This determination is based on a review of your child's records, current progress and information you provided. (List any other information or factors considered.)

The following is a description of any other options discussed (when other options were considered) and the reasons why they were rejected:

PROCEDURAL SAFEGUARDS STATEMENT:

As the parent of a student with disabilities, you have rights regarding the identification, evaluation, classification, the development of an IEP, placement, and the provision of a free, appropriate public education under the New Jersey Administrative Code for Special Education, N.J.A.C. 6A:14. A description of these rights, which are called procedural safeguards, is contained in the document, *Parental Rights in Special Education (PRISE)*. This document is published by the New Jersey Department of Education.

A copy of *PRISE* is provided to you one time per year and upon referral for an initial evaluation, when you request a due process hearing or complaint investigation and when a disciplinary action that constitutes a change of placement is initiated. In addition you may request a copy by contacting (name of office or district personnel) at (phone).

For help in understanding your rights, you may contact any of the following:

(name of school district representative) (phone)

Statewide Parent Advocacy Network (SPAN) at 1(800) 654-7726

New Jersey Protection and Advocacy, Inc. at 1(800) 922-7233

The New Jersey Department of Education through the (name of) County Office,
(name of county supervisor of child study), (phone)

If you have any questions regarding this notice, please contact me.

Sincerely,
(Name)
(Position)
(Phone Number)

Attachments: New Jersey Administrative Code, (N.J.A.C.) 6A:14, Special Education
New Jersey Administrative Code (N.J.A.C.) 1:6A, Office of Administrative
Law, Special Education Program