

NOTICE
NO ADDITIONAL INFORMATION IS NEEDED
TO DETERMINE CONTINUED ELIGIBILITY

To: _____ Date: _____
(Parent/Legal Educational Decision Maker)

Address: _____

City/St./Zip: _____

On behalf of Student: _____ D.O.B.: _____

As part of the identification and eligibility process the team, including yourself, and other qualified persons, met to review the existing information regarding your child's educational needs. This information included existing evaluations, information provided by you, the parent, current classroom-based assessments and observations, and teacher and other staff observations. After a review of this information, **the team concluded that no additional data is needed to determine whether your child continues to be eligible to receive special education and related services.**

However, you have the right to request that an assessment be completed to determine whether your child continues to be eligible to receive special education and related services. If you want this assessment to be conducted, please contact:

_____ at _____ by _____
(Name) (Phone) (10 days)

PROCEDURAL SAFEGUARDS TO PROTECT PARENT'S RIGHTS

Both state and federal laws concerning the education of children with exceptionalities include many parental rights. Receiving notices of action the school wants to take in regard to your child and being a part of your child's educational planning team are examples of the rights these laws give you. the laws also require that the school follow certain procedures to make sure you know your rights and have an opportunity to exercise those rights.

To receive an additional copy of your rights and the procedural safeguards available to you, and if you have any questions regarding your rights, you may contact Larry N. Clark, Director at (316) 794-8641.

SEDGWICK COUNTY AREA EDUCATIONAL SERVICES INTERLOCAL COOPERATIVE #618

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(Student's Name)

(D.O.B.)

(Date Sent)

ADDITIONAL INFORMATION

You may contact any of the following resources to help you understand the federal and state laws for educating children with exceptionalities and parental rights (procedural safeguards) granted by those laws: Kansas State Dept. of Education 1-800-203-9462; Families Together, Inc. 1-800-264-6343; Keys for Networking, Inc. 1-800-499-8732; and Kansas Advocacy and Protective Services for the Developmentally Disabled, Inc. 1-800-432-8276. Other Local Resources: Legal Aid Society (316) 265-9681

ACKNOWLEDGMENT

I have been notified of the decision that no additional information is needed to determine that my child continues to be eligible for special education services. I have received a copy of the evaluation report. I also have been provided a statement of my parental rights and procedural safeguards. I understand my right to request that an assessment for this purpose be conducted.

(Parent/Legal Education Decision Maker) Date _____

(Parent/Legal Education Decision Maker) Date _____

Please sign and date this form, and return to:

(School Contact Person)

(Address)

(Phone)