

**SAMPLE WRITTEN NOTICE FOLLOWING A REEVALUATION -  
NO CHANGE IN ELIGIBILITY**

**Date**

**Name**

**Address**

**City, NJ ZIP CODE**

**Dear:**

The purpose of this letter is to notify you that the **(DISTRICT NAME)** has completed the reevaluation of your child, **(NAME OF CHILD)**, and conducted an eligibility meeting on **(DATE)**. At the meeting the following relevant information was reviewed:

\_\_\_\_\_ Assessments

\_\_\_\_\_ Other evaluative data (teacher reports, student work samples, etc.)

\_\_\_\_\_ Student records

As a result, it was determined that your child continues to be eligible for special education and related services because:

\_\_\_\_\_ s/he has a disability that corresponds to one or more of the disabilities defined in N.J.A.C. 6A:14-3.5(c)1-14;

\_\_\_\_\_ the disability adversely affects his/her classroom performance; and

\_\_\_\_\_ s/he needs special education and related services.

Other options (if any) that were discussed and the reasons they were rejected:

Any other course of action to be taken on behalf of the student:

**PROCEDURAL SAFEGUARDS STATEMENT:**

As the parent of a student, or as an adult student, who has been determined eligible for special education and related services, 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 DISTRICT PERSONNEL)** at **(PHONE NUMBER)**.

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

- |   |                             |
|---|-----------------------------|
| <b>(NAME OF SCHOOL DISTRICT REPRESENTATIVE)</b>   | <b>(PHONE NUMBER)</b>       |
| Statewide Parent Advocacy Network (SPAN)  | 1-800-654-7726              |
| Disability Rights New Jersey  | 1-800-922-7233 (In NJ only) |
| The New Jersey Department of Education through the <b>(NAME)</b> County Office, <b>(NAME OF COUNTY SUPERVISOR OF CHILD STUDY)</b> | <b>(PHONE NUMBER)</b>       |

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

Sincerely,

**(NAME OF DISTRICT PERSONNEL)**  
**(POSITION)**  
**(PHONE NUMBER)**