

[District Letterhead]

Date: _____

To: Parent/Guardian of _____

From: _____

Re: Triennial Reevaluation for Parentally Placed Private School Students

Your child, **[STUDENT NAME]**, is enrolled in a private school by parent choice. Under federal and state law, the District must:

- Identify, locate, and assess children with disabilities.
- Hold a reevaluation (every 3 years) to look at your child's progress and determine if your child still qualifies for special education.
- Offer a Free Appropriate Public Education (FAPE) through an IEP if you decide to return your child to public school.
- Provide limited services through an **Individual Service Plan (ISP)**, if your child qualifies and stays in private school.

Current status

☐ My child **does currently receive** services through a Sonoma County SELPA **Individual Service Plan (ISP)**.

☐ My child **does not currently receive** services through a Sonoma County SELPA **Individual Service Plan (ISP)**.

Reevaluation determination:

After reviewing your child's current information, the IEP team has determined:

☐ **No new assessment is needed.**

Your child continues to qualify for special education based on existing information.

- You still have the right to request a new assessment if you wish.
- If you want an assessment, please sign and return the enclosed **Assessment Plan**.

☐ **New assessment is needed.**

Additional information is required to determine if your child continues to qualify.

- Please sign and return the enclosed **Assessment Plan** to begin the process.
- The District has **60 days** (after receiving your signed consent) to complete testing and hold an IEP meeting.
- Your child's private school teacher will also be invited to share input.

Important reminder

- If you decide to return your child to public school, the District will conduct a full reevaluation, hold an IEP meeting, and offer a Free Appropriate Public Education (FAPE).
- If your child stays in private school, he/she may still be considered for limited services under an **Individual Service Plan (ISP)**.

Parent/Guardian Response

Please check one:

- ☐ I understand and agree with the information provided above.
- ☐ I would like to request an assessment. Please use the enclosed Assessment Plan.

Parent/Guardian Name: _____

Signature: _____ **Date:** _____

Parent/Guardian Name: _____

Signature: _____ **Date:** _____

District Contact Information:

If you have questions, please contact:

Name: _____

Title: _____

Phone: _____

Email: _____