

**Your District Name**

Your District Address

Your District City, AZ 00000

**ReEvaluation Classification Summary (Draft)**

<b>Name:</b> First2 M Last2	<b>Home School:</b> School 2
<b>Birth Date:</b> 2/2/1989	<b>Parent:</b>
<b>Sex:</b> Female	<b>Address:</b>
<b>Teacher/Coun:</b> John Wayne	
<b>Grade:</b> 7th	
<b>Student ID:</b> 2test	<b>Phone:</b>
<b>School:</b> Arrow School	<b>Conf Date:</b> 11/4/2002

**Reason For Referral**

This area is for a personal statement as to the "Reason for Referral."

**Evaluation Team/Participants**

Title	Examiner	Report Date	Agree	Signature
Regular Education Teacher	John Wayne		Yes	_____
Neurologist	Jane Doe	10/8/2002	Yes	_____
LDT/C	Betsy Ross		No	_____
Parent	Mrs. Last2		NA	_____
Parent	Mr. Last2		NA	_____

**Eligibility Determination**

**Classification Summary Statement**

SAMPLE STATEMENT - (User would complete or delete as appropriate) A review of the Child Study Team evaluations reveals the presence of the following conditions:

an inability to learn that cannot be explained by intellectual, sensory or health factors.

an inability to build or maintain satisfactory interpersonal relationships with peers and teachers

inappropriate types of behaviors or feelings under normal circumstances

a general pervasive mood of unhappiness or depression

a tendency to develop physical symptoms or fears associated with personal or school problems.

The noted condition(s) has/have persisted over a long period of time and to a marked degree such that educational performance in the regular education curriculum is adversely affected.

**Eligibility Statement**

The school staff listed above, in consultation with First2 M Last2's parent/guardian(s)/Adult Pupil, has determined that First2 is Eligible for Special Education and Related Services under the disability category of Emotionally Disturbed. Limited English Proficiency and lack of instruction in Math and Reading have been ruled out as determining factors in this decision.

**PROCEDURAL SAFEGUARDS/PARENTAL ACKNOWLEDGMENT**

**NOTICE REQUIREMENTS**

This document comprises the written notice requirements of NJAC 6A:14 and includes the Classification Summary Report as a description of the proposed action, and description of the procedures and factors used in determining the proposed action.

As a parent of a student with disabilities or as an adult student, you have rights regarding information, 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 (NJAC 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 NJ Dept. of Education. A copy of PRISE is provided to you upon referral for an initial evaluation, upon each notification of an IEP meeting, upon reevaluation and when a due process hearing is requested. In addition, you may request a copy from \_\_\_\_\_ who may be reached at \_\_\_\_\_. For help in understanding your rights, you may contact: Statewide Parent Advocacy Network (SPAN) at (800) 654-7726 Protection and Advocacy, Inc. at (800) 922-7233 OR

\_\_\_\_\_  
School District Staff Phone #

\_\_\_\_\_  
County Supervisor Phone #

Description of proposed action and explanation of why the district has taken such action

The attached Classification Summary Report describes the proposed action and was developed as a result of a reevaluation.

Description of procedures, tests, records, or reports and factors used in making this decision

Complete this section with a description of procedures, tests records or reports used in making this determination.

Description of options considered and the reasons the options were rejected.

Complete this section a a parental request was rejected.

**Parental Acknowledgement**

I(WE), the Parent(s)/Guardian(s) of First2 M Last2 have met or otherwise conferred with the school staff listed in this Classification Summary Report and acknowledge that we have participated in the evaluation of our child, First2. We have been informed that we have protection under the procedural safeguards of NJAC 6A:14. We have been provided with a copy of PRISE, a statement of protections under the procedural safeguards of NJAC 6A:14 and NJAC 1:6a. We have also been informed that we may obtain additional copies of these protections from our case manager and have also been provided with information about sources of assistance in understanding the provisions of this chapter.

**X**  
\_\_\_\_\_  
Signature of Parent                      Date

**X**  
\_\_\_\_\_  
Signature of Parent                      Date

### Dissent Statements

Title	Examiner	Statement
LDT/C	Betsy Ross	The participant would complete this section with the reason they do not agree with decision made during the eligibility determination.

**X**

Signature

Date