

School District Name:
School District Address:
School District Contact Person/Phone #

REQUEST FOR WAIVER OF ASSESSMENT(S)

20 U.S.C. §614(c) (4); 603 CMR 28.07(2)

To: _____
Parent, Guardian, Educational Surrogate Parent, Student 18 and over

Re: _____ DOB: _____
Student's Name

Date: _____

Special education regulation states that school districts should avoid unnecessary duplication of assessments. Therefore, after the Team has carefully reviewed your child's school record for information that reflects the status of your child's disability(ies) and/or student performance, the school district recommends the following assessments be waived:

Type of Assessment:	Reason for Waiver Recommendation:

It is important that the school district knows your decision as soon as possible. Please indicate your response by checking one (1) box below and returning a signed copy to the district. If you do not agree to waive the above assessment(s), the school district is obligated to complete the noted assessment(s). Thank you.

I agree to waive the assessment(s) listed above.

I agree to waive only the following assessment(s):

Type of Assessment(s)

I do not agree to waive the above assessments.

*Signature of Parent, Guardian, Educational Surrogate Parent, Student 18 and Over**

Date

*Required signature once a student reaches 18 unless there is a court appointed guardian.

Directions to School District Staff: Please remember that the Team (20 U.S.C. § 614 (d)(1)(B)) and other qualified professionals must review existing evaluation data on the student and that a student may not be determined ineligible for services unless a reevaluation is completed. Please use this form in conjunction with N1 – School District Proposal to Act. N 1 should list the assessments that are recommended for completion.