

Insert Date

[Place on School Letterhead]

Agreement to Waive Initial Special Education Evaluation

Date Provided to Parent/Guardian: _____

Parent/Guardian of _____ Date of Birth __/__/__
Student ID#: _____

I have participated in a Student Support and Progress Team (SSPT) meeting and a SSPT Intervention Plan has been developed.

I agree to pursue the general education interventions available through the SSPT Intervention Plan prior to pursuing an evaluation for a special education. As a result, I agree to forgo my request for a special education evaluation at this time. I understand and acknowledge that I have the right to change my mind at any time and request that the Los Angeles Unified School District conduct a special education evaluation or develop a Section 504 plan.

I acknowledge that I have received a copy of "A Parent's Guide to Special Education Services (Including Procedural Rights and Safeguards)."

Signature

Date

FOR OFFICE USE ONLY: DO NOT WRITE BELOW THIS LINE

Date Agreement Received by School:	Date Agreement Uploaded to Welligent:
Date Received By:	Agreement Uploaded by:
Title:	Title: