

Los Angeles Unified School District

Dear Parent/Guardian of		Date of Birth/_/_ Student ID#:
This is to inform you that we have reviewed your request for special education evaluation. After a review of existing information, it has been determined that the request is not appropriate at this time.		
for the District's decision, as well as	a description of additional factor. It also includes a description	cision and an explanation of the reason(s) stors relevant (intervention, modifications, on of other options that may have been
A DESCRIPTION OF EACH EVALUATO MAKE THE DECISION (mark all the		MENT, RECORD OR REPORT USED
 □ Review of Student Records □ Student Success Team Logs □ Health/Medical Records □ Attendance Records □ Other 	☐ Teacher Reports	□ State and District Assessments □ Independent/Agency Reports, dates □ Psycho-Educational Reports, dates □ Observations by (name/title)
EXPLANATION FOR DISTRICT'S DECISION (insert a rationale for decision):		
DESCRIPTION OF ADDITIONAL FACTORS RELEVANT TO DECISION; (insert additional factors):		
OTHER OPTIONS CONSIDERED; AND REASONS WHY REJECTED (insert options and reasons):		
As the parent of a child with a suspected or confirmed disability, you have protections under the procedural safeguards of the Individuals with Disabilities Education Act (IDEA) and California Education Code §56000, et.seq. A copy of "A Parent's Guide to Special Education Services (Including Procedural Rights and Safeguards)," is included for your reference.		
If you have any questions or need further explanation of your rights, you may contact:		
Name/Title (Print)	School/Office	Telephone