

**AGREEMENT TO RESCIND REQUEST FOR INITIAL EVALUATION FOR
SPECIAL EDUCATION ELIGIBILITY AS A RESULT OF A REVIEW OF
EXISTING EVALUATION DATA MEETING**

Student Name: _____ **Grade:** _____

Date of Birth: _____ **Student UIC:** _____

School: _____ **Date of REED:** _____

It is agreed that the general education interventions provided have enabled the student to make sufficient progress to the extent that a special education evaluation is not needed at this time.

Parent/guardian check both boxes, sign and date:

I, (name of parent/guardian), hereby rescind the request for an initial evaluation for special education eligibility for my student.

I am aware that I have the right to request an evaluation at any time. Any such request will be considered an initial request for an evaluation.

Parent/guardian signature

Date