

BOONE CLINTON JOINT SERVICES

125 Lakeshore Drive, Lebanon, IN 46052

756-483-3090

RESCIND REQUEST FOR EDUCATIONAL EVALUATION

Initial Request Date: _____

DOB: _____

Student Name: _____

School Corporation: _____

School Building: _____

Parent /Guardian Name: _____

As the parent/guardian of the above referenced student, I am rescinding the request for an educational evaluation to determine eligibility for special education and related services. **I am rescinding the request for the following evaluation(s)** _____ . The school will not initiate proceedings for mediation or a due process hearing.

I understand that I may request an educational evaluation at anytime. The school will follow Article 7 procedures to either propose or refuse the request for an educational evaluation within the appropriate timelines established in Special Education Rules, Title 511 Article 7.

Signature

Date

PARTICIPATING SCHOOL CORPORATIONS

- Clinton Central School Corporation ♦ Clinton Prairie School Corporation*
- Lebanon Community School Corporation ♦ Rossville Consolidated School District ♦*
- Western Boone County Community School Corporation*