

North Central Kansas Special Education Cooperative

P.O. Box 369, Phillipsburg KS 67661

Interlocal #636

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Member Districts

USD 110 Thunder Ridge, USD 211 Norton, USD 212 Northern Valley, USD 213 Lenora, USD 237 Smith Center, USD 269 Palco, USD 270 Plainville, USD 271 Stockton, USD 325 Phillipsburg, USD 326 Logan, USD 392 Osborne, USD 399 Natoma

Date: _____

Dear _____,

Your child _____ has been referred for a comprehensive evaluation. The Notice and Consent for Proposed Special Education Evaluation/Re-evaluation form has been included which explains the reason for the evaluation request.

Included are the following forms which we need to have you complete and return to us. The information you provide helps us make recommendations, along with the actual test results, regarding educational planning for your child.

Return :

Notice & Consent for Proposed Special Education Evaluation/Re-evaluation. This is a listing of the types of tests and evaluation techniques; the areas to be assessed and the anticipated time duration of the evaluation. Your signature indicates your decision regarding permission to conduct the evaluation and that you have received, read, and understood your rights as a parent in this process as presented in the Parental Rights in Special Education (Procedural Safeguards).

Social & Medical History Form. You are encouraged to fill this out as completely and accurately as possible. If you do not wish to answer an item, feel free to leave it blank.

Parents Rating Scale/Checklist (if included). It takes a few moments to complete and gives us a quick assessment, from the parents' standpoint, of behavioral observations helpful in the evaluation of your child.

Please Return The Above Forms to the Building Principal
in the enclosed self-addressed stamped envelope.

The following is for your information and doesn't need to be returned to us.

Parental Rights in Special Education (Procedural Safeguards). Explains parent and public agency rights required under State and Federal rules and regulations. **Do Not Return.**

If you have any questions regarding this referral, please don't hesitate to contact _____ at _____
(school contact person)
(785) _____.