

North Central Ohio ESC, Tiffin Campus
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**CONTINUATION OF ELIGIBILITY FOR
SPECIAL EDUCATION SERVICES**

Date: ____ / ____ / ____ School Year: _____

Child's Name: _____ Date of Birth: _____

School/Building: _____ Date of Last Evaluation: _____

Parent/Guardian: _____

Current Disability Condition for Eligibility: _____

REEVALUATION NOT NECESSARY

The multifactored evaluation team has determined that a reevaluation is not necessary at this time due to:

Parent/Guardian (Print)	Parent/Guardian Signature	Date
District Representative (Print)	District Representative Signature	Date
Teacher (Print)	Teacher Signature	Date
Intervention Specialist (Print)	Intervention Specialist Signature	Date
School Psychologist (Print)	School Psychologist Signature	Date
Other (Print)	Signature	Date

I have received a copy of the parent notice of procedural safeguards for the current year.

(Parent Signature)	Date
(Student Signature – 18 years old)	Date

As a parent, guardian, or student over the age of 18, you have the right to request an assessment to determine whether a disability continues to exist. Either now or in the future, if you think that a reevaluation is needed, please contact _____ Special Education Supervisor, with your request, questions or concerns.

Date of Next Scheduled Evaluation: _____

This form fulfills the three year re-evaluation requirement.