



## **BOONE-CLINTON-NORTH WEST HENDRICKS JOINT SERVICES**

### **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 ♦ North West Hendricks School Corporation  
Rossville Consolidated School District ♦ Western Boone County Community School Corporation*