



## BOONE-CLINTON-NORTH WEST HENDRICKS JOINT SERVICES

1122 N Lebanon Street  
Lebanon, IN 46052

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Director of Exceptional Needs

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### 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 then follows Article 7 procedure 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