NORTHEAST INDIANA SPECIAL EDUCATION COOPERATIVE

1607 E. Dowling Street Kendallville, IN 46755 1-800-589-5236 FAX

Notice of Parent Declining Evaluation

Student:			STN:					
Date of Birth:		Age:		Gender:		Male		Female
The parent is presently declining to have an initial educational evaluation completed at this time. The decision								
not to conduct this evaluation is based on:								
Should the parent decide to purse an initial evaluation completed at a later time, the Northeast Indiana Special								
Education Cooperative can be contacted.								
I acknowledge receipt of the notice.								
Signature of Parei	nt:			Date:				
						1		
Address:			Pho	Phone Number:				
			I			ı		