

[NAME OF PRINCIPAL]
[NAME OF SCHOOL]
[STREET ADDRESS]
[TOWN, CITY, ZIP CODE]

RE: Request for a Special Education Evaluation

Child's Name:

DOB: (fill in birthdate)

School Name and Grade: (fill in status)

DATE:

Dear Educational Professionals:

I/We request the school district formally evaluate my/our child, [name of child], for special education eligibility and services. I/We have concerns about his/her reading/written expression/math/academics. I/We want to ensure that Firstname benefits from appropriate modifications, accommodations, adaptations, teaching strategies, and any other support systems he/she needs in order to make appropriate developmental and academic gains. As such, we are requesting that Firstname be given a comprehensive assessment by the school district including, at the very least, a psychoeducational evaluation to determine his/her placement for special education services through an Individualized Education Program (IEP) and/or a 504 Accommodation Plan.

I/We formally request that the school's special education process begin, including initial assessment for eligibility. I/We understand that you will send me/us an assessment plan, within 15 days of the receipt of this request, which explains what types of assessments may be given to my/our child. I/We would also appreciate any other information regarding the assessment process, how eligibility is determined, and the general IEP process.

Thank you for your assistance. I/We look forward to working with you and your staff.

Sincerely,

Contact Information

Parent(s) Name:

Student Name:

Phone:

Address: