

REQUESTING AN INITIAL EVALUATION TO DETERMINE IF YOUR CHILD QUALIFIES FOR SPECIAL EDUCATION SERVICES

Date (include month, day and year)
Name of Principal
Name of School
Street Address
City, State, Zip Code

Dear (Principal's Name):

I am writing to request that my son/daughter, (child's name), be evaluated for special education and related services. I am concerned that (child's name) is having problems in school and believe he/she may need special services in order to learn. (Child's name) is in the () grade at (name of school). (Teacher's name) is his/her teacher.

Specifically, I am concerned because (child's name) does/does not (give a few direct examples of your child's problems at school).

We have tried the following to help (child's name): (If you or the school have done anything extra to help your child, briefly state it here).

This letter serves as my request and consent for an evaluation of my child. Please provide me the name and telephone number of the person who will be forwarded this letter and who will be coordinating the evaluation. You can send me the information or call me during the day at (daytime telephone number).

Thank you for your prompt attention to my request. I look forward to hearing from you within five school days of the date you receive this letter to schedule a meeting to discuss my concerns and to fill out a planning form for the evaluation.

Sincerely,

Your Name
Street Address
City, State, Zip Code
Daytime telephone number

Note: If your child has been identified with a disability by professionals outside the school, add the following to the first paragraph above:

(Child's name) has been identified as having (name of disability) by (name of professional). Enclosed is a copy of the report(s) I have received that explains (child's name) condition.