

REQUESTING A REEVALUATION FOR YOUR CHILD

Date (include month, day and year)

Name of Principal
Name of School
Full Address of School

Dear (Name of Principal):

I am the parent of (child's name), who has a disability, and is in the (____) grade at (name of school), in (teacher's name) class.

(Use this paragraph if it is appropriate.)

Due to changes or concerns (Briefly state what the changes or your concerns are - Examples: changes in medication, your child's medical needs, a burst in development, etc.), I am requesting a reevaluation be given to my child. The date of (child's name) last evaluation was (give month, day and year of the last evaluation).

(Use this paragraph if it is appropriate.)

It is my understanding that under IDEA 2004 the IEP team must convene every three years to determine the need for a reevaluation. The date of (child's name) last evaluation was (give month, day and year of the last evaluation). I am requesting the IEP team be convened to discuss this reevaluation.

Thank you for your attention to my request. I may be reached at (your daytime phone number). I will expect to hear from you by (Give a date - Example: the end of this week; within 5 school days of receipt of this letter, etc.).

Sincerely.

Your Name
Street Address
City, State, Zip Code