

Your Address

Your Phone Number

Date

Principal's Name

Name of Your Child's School

School Address

Dear Principal:

I am the parent of _____, whose date of birth is _____.

My child has not been doing well in school and I am therefore requesting a comprehensive multidisciplinary evaluation to determine whether my child needs special education services, and, if so, what services are needed.

I would like to participate with the rest of the IEP Team in the review to determine what data and testing are needed. I'd also like to know when the testing (if any) will be held, and whether any meetings will be scheduled so that I can attend.

I understand that the evaluation must be completed, and a written report given to me, within 60 school days of my consent to the evaluation (note: 60 calendar days for students in public charter schools). Please send me, as soon as possible, a permission to evaluate form to sign so that we can begin the process. [Or, I'd like to come to the school and sign the form immediately].

Should you have any questions or problems with this request, please contact me.

Thank you.

Sincerely,

Your Name _____

KEEP A COPY OF THIS LETTER FOR YOUR FILE. WE RECOMMEND THAT YOU HAND-DELIVER THIS REQUEST TO THE PRINCIPAL, OR THAT YOU SEND IT CERTIFIED MAIL, RETURN RECEIPT REQUESTED.