

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 _____.

I feel that my child is not making progress in his/her special education program. I am particularly concerned about the area(s) of _____. In order to better understand the problem and the type and amount of services that may be needed, I am requesting that my child be reevaluated.

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. Please forward to me as soon as possible the permission to evaluate form to sign. I understand that the re-evaluation must be completed, and the written report given to me, within 60 school days of your receipt of this letter. 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].

Thank you.

Sincerely,

Your Name _____

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

Remember that your school district must reevaluate your child every 3 years (unless you agree otherwise), when the agency thinks a reevaluation is needed, or when a parent or teacher requests a reevaluation. If your child has mental retardation she should be reevaluated every 2 years. You can request additional reevaluations, but the school district is only required to conduct a maximum of one reevaluation each year.