

Your Address
Your Phone Number
Date

Principal
Your Child's School
Address

Dear :

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

My child has not been doing well in school and I am therefore requesting that a complete special education evaluation be done to determine what the problems are, how they can be addressed, and whether my child requires special education services.

Please let me know when the testing will take place and when the Team will meet so that I may attend. I hereby give my consent for the evaluation to take place. I understand that under the law, the evaluation must be completed and a written report issued to me within 60 school days of this consent. If you would like me to sign a Permission to Evaluate Form, please forward a completed form to me immediately.

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

Thank you.

Sincerely,

Your Name