

Your Address
Your Phone Number
Date

Principal
Your Child's School
Address

Dear :

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 of _____.

In order to better understand the problem and the type and amount of services that may be needed, I am requesting a re-evaluation of _____.

Please contact me at your earliest convenience to let me know when the re-evaluation will take place. I hereby give my consent for the re-evaluation. I understand that the re-evaluation must be completed and a Report issued to me within 60 school days of this request.

Thank you.

Sincerely,

Your Name