

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 evaluation to determine whether my child needs special education services, and, if so, what services are needed.

I would like to participate with the school staff to decide what testing is needed and what information about my child should be collected. I'd also like to know when the testing (if any) will be done, 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 calendar days** (not including the summer months) of the school district's receipt of the **Permission to Evaluate-Consent Form** signed by me. Please send me a **Permission to Evaluate-Consent Form** to sign as soon as possible 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 at the following number(s) \_\_\_\_\_ or by e-mail at \_\_\_\_\_.

Thank you.

Sincerely,  
Your Name

cc: Director of Special Education

**KEEP A COPY OF THIS LETTER FOR YOUR RECORDS. WE RECOMMEND THAT YOU HAND-DELIVER THIS LETTER TO THE PRINCIPAL AND MAKE SURE SOMEONE SIGNS FOR IT, OR THAT YOU SEND IT BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED. YOU SHOULD ALSO SEND A COPY OF IT TO YOUR SCHOOL DISTRICT'S OR CHARTER SCHOOL'S SPECIAL EDUCATION DIRECTOR.**