

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 is needed. I'd also like to know when the testing will be held and whether any meetings will be scheduled so that I can attend.

I understand that the reevaluation must be completed, and the written Reevaluation Report given to me, within **60 calendar days** (not including the summer months) of your receipt of the **Permission to Reevaluate-Consent Form** signed by me. Please send me a Permission to Reevaluate-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.**