

EXAMPLE

Letter Requesting Initial Evaluation

(from IDEA Manual 2012)

Be sure to include all necessary information (in red) AND
Keep a copy for yourself!

Date

Name of principal
Name of school
Address of school

Dear (name of principal):

I am the parent of (name of student), a student at your school. My child's teacher and I have concerns that my child may have a disability and is in need of special education services. or

I am the parent of (name of child), a child that resides in your district that is or will be 3 years old on (birth date). I believe my child may have a disability and is in need of special education services.

I am requesting a full individual evaluation of my child. I believe testing is needed in the area(s) of: (list areas of suspected disability needing testing).

I understand that the evaluation must be completed within 60 calendar days from the date the school district receives signed consent for evaluation.

Please contact me within five days of this request to sign consent forms to evaluate my child. Thank you for your help.

Sincerely,

Your name
Your address
Your telephone number
Your e-mail address (optional)