
(Parent name)

(address)

(address, line 2)

Date: _____
(month, day, year)

Dear Principal and/or Special Education Coordinator:

I am the parent/guardian of _____, a child zoned to your school in the _____ Independent School District. My child's doctor and I believe my child is in need of special education services. I am requesting that my child be assessed for special education under the Individuals with Disabilities Education Act (IDEA). I believe that my child has developmental challenges in the following area(s):

_____ Speech/language

_____ Behavior

_____ Social skills

_____ Fine motor skills

_____ Gross motor skills

_____ Adaptive/self-help skills

_____ Cognitive abilities

I am requesting a full individual evaluation of my child. I understand that I can expect to receive a response to my request within 15 school days of your receipt of this request and that I will be required to give my written consent for the evaluation at that time or I will receive notice of my procedural safeguards that explains my rights under the law.

I look forward to receiving your response and the consent form as soon as possible so that we can proceed. I understand that the evaluation must be completed within 45 school days from the date the school district receives signed consent for evaluation.

Please contact me within 15 days of this request to sign consent forms to evaluate

_____. I can be reached at: _____.
(child's name) (phone number)

Thank you for your help.

Sincerely,

(parent name in print)

(parent signature)