

Parent Request for Special Education Evaluation

Date

Name of Principal or Special Education Coordinator

Name of School

Street Address

City, State, and ZIP Code

Dear _____:
Name of Principal or Special Education Coordinator

I am writing to request that my child, _____, be evaluated for special education and related services.

I am requesting this evaluation because my child is having difficulty with:

- | | |
|--|--|
| <input type="checkbox"/> Reading | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Writing | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Math | <input type="checkbox"/> Impulsivity (acts without thinking) |
| <input type="checkbox"/> Speech / language | <input type="checkbox"/> Getting along with others |
| <input type="checkbox"/> Homework | <input type="checkbox"/> Getting in trouble |
| <input type="checkbox"/> Concentration / focus / attention | <input type="checkbox"/> Other _____ |

This letter is my consent for you to evaluate my child with a full and individualized evaluation under IDEA and Section 504 at the same time. I understand that the District must respond to me in writing within 30 calendar days. I do not want an intervention team instead of a full evaluation under IDEA and 504; if I participate and say yes to intervention team help, I want that for my child at the same time as the evaluation for disabilities.

Please contact me with any questions and so I can participate in the evaluation.

Sincerely,

Your Signature

Your Phone number

Your Printed Name

Your Email address or Mailing address