

Letter from Parent to School requesting an evaluation for special education eligibility and services

John and Mary Parent

[Street Address]

[State, Town and Zip Code]

[Phone number]

[Email address]

[NAME OF PRINCIPAL (OR SCHOOL PSYCHOLOGIST (RECOMMENDED))]

[NAME OF SCHOOL]

[STREET ADDRESS]

[TOWN, CITY, ZIP CODE]

RE: *Request and Parental Consent for a Special Education Evaluation*

Child's Name

DOB: (fill in birthdate)

School Name and Grade: (fill in status)

Dear Mr., Ms., Dr. _____:

I am writing this letter as a formal request for the school district to evaluate my child, [name of child], for special education eligibility (***can add and/or for 504 services***). (Child's name) is in (teacher's name)'s classroom attending the (grade) at (school name).

My child has a diagnosis from his/her psychologist, Dr. _____, of (Selective Mutism, Social Anxiety Disorder, etc...) and I am concerned about my child's progress in school. [Briefly describe the problems that your child is experiencing. You can mention your own observations, such as "When I work with Lisa or her homework at night, I notice that she does not seem to be able to sound out the words." Or "my son seems to be very unhappy in school and tells me that he can't keep up in the math class." Or " My child does not speak while on campus. This impacts his/her ability to make friends, practice social language skills and social language problem solving, and participate in class . I am aware that according to state and federal law, "adverse educational impact" extends well beyond academic performance.

I understand that given this letter, the district will consider my request and I will be provided with a meeting notice to discuss my request. I request that the evaluation be performed in the manner required by the Individuals with Disabilities Education Act (2004) and the related federal regulations, beginning with the parental consent section at [34 C.F.R. 300.300](#).

I understand that if it is determined from the meeting that (child's name) will be evaluated, the date of this letter begins a required 60 day timeline for the evaluation process to be concluded with a multidisciplinary evaluation team meeting and discussion of eligibility for services.

I will call you by [a date two days after letter will be received] to follow up on this request. If you have any questions about this request, you may call or email me.

Thank you.

Sincerely yours,

Parent

cc: [Director of Special Education]