

[Patty Parent]
[500 Main St.]
[Any Town, MT] [59000]
Phone: [406-555-5555]

[DATE]

[Name of Principal]
[School Address]
[City, State Zip Code]

VIA CERTIFIED MAIL (No. _____)

Re: Evaluation Request for [insert child's name], DOB: [insert date of birth]

Dear [Mr./Ms.] [Name of Principal],

I am writing as the educational rights holder for [insert child's name] ("Student") to request a comprehensive psycho-educational evaluation for the above named child. The child is in the ____ grade and lives within the boundaries of the _____ school district. I suspect that the student may have a disability in the areas listed below which adversely affects the student's educational performance to the degree that the student needs special education and related services:

1. [list all of child's suspected disabilities, needs, educational deficits]
2. [academic needs]
3. [behavior needs]

Following an initial evaluation, the Individuals with Disabilities Education Act requires reevaluations at least every three years, when a parent or the child's teacher requests one, or if the school district determines the child's educational or related services needs, including improved academic and functional performance, warrant reevaluation.

I hereby give my consent to all testing of Student needed to assess all areas of suspected disability, including but not limited to those identified above. Please provide a proposed evaluation plan to me immediately. Your assistance with this request is appreciated. If you have any questions, please contact me at [phone number and/or email]. Thank you in advance for your anticipated cooperation in this matter.

Sincerely,

[insert your name]

c: [insert name of district special education director – send copy of this letter to this person]