

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

[DATE]

[Name of Early Head Start Director]
[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.] [Early Head Start Director],

I am writing as the educational rights holder for [insert child's name] ("Child") to request a comprehensive, multidisciplinary and multidimensional evaluation and assessment to determine whether the child is eligible for services under Part C of the Individuals with Disabilities Education Act (IDEA) and pursuant to A.R.M. § 37.34.4119.

The child is showing delays in the following areas: (*cognitive, communication, self-help, fine motor, gross motor, social-emotional*). Examples of these delays include: (*give as many examples as possible, for example you can list milestones that the child is not meeting*).

If the Child is determined eligible for Part C services, I am requesting that an Individual Family Services Plan be developed for the Child and the Child's family in accordance with A.R.M. §§ 37.34.4117–4119.

I hereby give my consent to all testing and evaluation of the Child 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]