

**SAMPLE LETTER FROM PARENT/GUARDIAN TO SCHOOL**  
**REQUESTING ASSESSMENT**

Date

Name of principal

Name of school

Address of school

Dear (name of principal):

I am the parent of (name of student), a student at your school. My child's teacher and I have concerns that my child may have a disability and is in need of special education services. I am requesting that my child be assessed for both, special education under the Individuals with Disabilities Education Act (IDEA), as well as whether s/he has a disabling condition under Section 504 of the Rehabilitation Act [or]

I am the parent of (name of child), a child that resides in your district that is or will be 3 years old on (birth date). I believe my child may have a disability and is in need of special education services.

I am requesting a full individual evaluation of my child. I believe testing is needed in the area(s) of: (list areas of suspected disability needing testing). I am also requesting that any general education interventions, such as Response to Intervention (RtI), that the school would like to try not slow down the timelines established for the evaluation process.

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 also understand that the evaluation must be completed within 45 school days from the date the school district receives signed consent for evaluation. [or]

I also understand that because I consented to the evaluation least 35 school days before the last instructional day of the school year, but less than 45 schools days, the evaluation must be completed and the report provided to me by June 30th. Then, not later than the 15th school day of next school year, the ARD committee will meet to review the results of the evaluation and determine eligibility.

Please contact me within five days of this request to sign consent forms to evaluate my child.

Thank you for your help.

Sincerely,

Your name

Your address

Your telephone number

Your e-mail address (optional)