DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| TO: |  | | | | | | | | | | *(Name of School)* | | | |
|  | ATTN: | | | | | | | | | | *(Name Director)* | | | |
|  | Department of Special Education | | | | | | | | | | *(Title)* | | | |
|  |  | | | | | | | | | | *(Address: PO Box)* | | | |
|  |  | | | | | | | | | | *(City, State Zip)* | | | |
| RE: | EVALUATION REQUEST FOR: | | | | | | | | | |  | | | |
|  | Student Name: DOB: | | | | | | | | | | *(Child &Date of Birth)* | | | |
|  | School: Class: | | | | | | | | | | *(School Name & Grade)* | | | |
|  |  | | | | | | | | | |  | | | |
|  | Dear | | | | | | | | | *(Name of Director),* | | | | |
| I/We are requesting to have our child, evaluated by the | | | | | | | | | | | |
| Special Education program. I/We are requesting a full comprehensive evaluation in all areas of suspected | | | | | | | | | | | |
| disabilities. I/We feel that the evaluation should include but not be limited to the following areas: | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | Fine / Visual Motor Skills | |  | Gross Motor / Safety Skills |  | Communication Skills | | | | |
|  | | Social / Behavioral Skills | |  | Academics *(list subject)* |  |  | | | | |
|  | | | | | | | | | | | |
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|  | | | | | | | | | | | |
| I/We would like to meet with the Team Chairperson prior to beginning the Evaluation(s). This meeting | | | | | | | | | | | |
| will be to help us learn how this process will work, share information regarding my/our child, to learn the | | | | | | | | | | | |
| Names of each Evaluator and the Names of all Evaluations being done. | | | | | | | | | | | |
|  | | | | | | | | | | | |
| I/We would also like to request copy(ies) of all the Evaluation Reports and Recommendations receiving | | | | | | | | | | | |
| them at least Two days prior to my/our scheduled Team Meeting. | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Please contact me/us to schedule a meeting date and time so I/we can begin my/our request to address any | | | | | | | | | | | |
| questions or comments regarding the above information listed. | | | | | | | | | | | |
| Home Phone #: | | | Call Between: | | | | |  | | | |
| Mom Cell #: | | | Call Between: | | | | |  | | | |
| Dad Cell #: | | | Call Between: | | | | |  | | | |
|  | | | | | | | | | | | |
| I/We appreciate the IEP Team’s time and attention to this matter. | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Sincerely, | | | | | | | | | | | |
|  |  | | | | | | | | | | *(Signature[s])* | |
|  |  | | | | | | | | | | *Printed (Name[s])* | |
|  |  | | | | | | | | | | *(Address: PO Box)* | |
|  |  | | | | | | | | | | *(City, State Zip)* | |