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)* |  |  |
|  |
|  |
|  |
|  |
|  |
|  |
| 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)* |