**REQUESTING AN EVALUATION FOR SPECIAL EDUCATION AND RELATED SERVICES**

SAMPLE LETTER

Date

Your Name
Street Address
City, State, Zip
Daytime telephone number
Email Address

Dear (***Name of Principal or Special Education Administrator at the School***),

I am writing to request that my child (**child’s name**) be evaluated to determine their eligibility for special education and related services under the Individuals with Disabilities Education Act (IDEA).

The reason I am making this request is that I believe my child has a disability and that disability is affecting my child’s education in the following ways. (**List the areas of concern you have and examples of how your child is struggling**). ***If your child has a diagnosis from an outside professional, include the following****:* My child has been identified as having (**name of disability**) by (**name of professional**). Enclosed is a copy of that evaluation report.

I know that my written consent is needed before (**child’s name**) can be evaluated and that the process must be completed within 65 business days of the referral being received by the special education administrator. I do have some questions about the process that I would like answered (**list any questions you have**). I would appreciate it if you would send me information by email or call me at (**phone number**) to discuss what happens next.

I would appreciate a response within 5 business days as to whether this request will be granted. Thank you very much for your consideration. I look forward to working with you to address (**child’s name**) needs for special education and related services.

Sincerely,

Your Name

Cc: Anyone you would like to receive a copy of the request