	Parent's/Caregiver's Name
	Address
	City, State, Zip Code
	Date
Name of School District	
School District Address	
City, State, Zip Code	
Dear :	
Director of Special Services	
I am the parent of	, born on .
Child's Name	Date of Birth
I am concerned because	is
Child's Name	Explain why you think your child might need special education, for example speech or other developmental delays, behavioral issues, etc.
I believe may need	d special education services. I am writing to
request that the child study team evaluate	to determine
eligibility for special education services an services are needed. I understand that, und	Child's Name and if eligible to determine what programs and er the law, I am a member of the evaluation g with me to discuss the evaluation process
Please contact me at to let	t me know the time and date of the evaluation
meeting. Thank you for your time and assi	stance.
Very truly yours,	
Parent/Caregiver's Name	<u> </u>

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Dear	:	
		<b>X</b>
am the parent of	, born o	II(
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am concerned because	isis	tion services. I am writing to
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