
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 special education services. I am writing to
Child's Name
request that the child study team evaluate _____ to determine
Child's Name
eligibility for special education services and if eligible to determine what programs and services are needed. I understand that, under the law, I am a member of the evaluation team and that you must schedule a meeting with me to discuss the evaluation process within 20 calendar days of this letter.

Please contact me at _____ to let me know the time and date of the evaluation
Phone Number
meeting. Thank you for your time and assistance.

Very truly yours,

Parent/Caregiver's Name

Dear _____:

I am the parent of _____, born on _____.

I am concerned because _____ is _____

_____.

I believe _____ may need special education services. I am writing to

request that the child study team evaluate _____ to determine eligibility for special education services and if eligible to determine what programs and services are needed. I understand that, under the law, I am a member of the evaluation team and that you must schedule a meeting with me to discuss the evaluation process within 20 calendar days of this letter.

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