
Parent's/Caregiver's Name

Address

Date

City, State, Zip Code

Phone Number

School Name

School Address

City, State, Zip Code

Dear _____:
Child Study Team Member

I am the parent of _____, born on _____. My
Name of Child Date of Birth

child is in the _____ grade at _____.
Grade Name of School

My child has not been doing well in school and I believe _____ may need special
Name of Child
education services. I am writing to request that the child study team evaluate _____
Name of Child
to determine eligibility for special education services. 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 as
soon as possible to let me know the time and date of the evaluation meeting.

Thank you for your time and assistance in my child's education

Very truly yours,

Parent/Caregiver's Name

cc: _____
Director of Special Services

Dear _____:

I am the parent of _____, born on _____.

My child is in the _____ grade at _____.

My child has not been doing well in school and 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. 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 as soon as possible to let me know the time and date of the evaluation meeting.

Thank you for your time and assistance in my child's education

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cc: _____