

\_\_\_\_\_  
Parent's/Caregiver's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Child Study Case Manager

\_\_\_\_\_  
School Name

\_\_\_\_\_  
School Address

\_\_\_\_\_  
City, State, Zip Code

Dear \_\_\_\_\_:  
Child Study Case Manager

I am the parent of \_\_\_\_\_, born on \_\_\_\_\_. My  
child is in the \_\_\_\_\_ grade at \_\_\_\_\_.  
Name of Child Date of Birth Name of School

I am concerned that my child has not been doing well in school. In order to understand what changes may be needed in my child's special education program or services, I am requesting that \_\_\_\_\_ receive a complete reevaluation.  
Name of Child

I understand that pursuant to state regulations, I am a member of the evaluation team and that you must schedule a meeting with me to discuss the nature and scope within 20 calendar days of this letter. Please contact me to let me know the time and date of the meeting at \_\_\_\_\_.  
Phone number

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

Very truly yours,

\_\_\_\_\_  
Parent's/Caregiver's Name

cc: \_\_\_\_\_  
Director of Special Services

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear \_\_\_\_\_:

I am the parent of \_\_\_\_\_, born on \_\_\_\_\_.

My child is in the \_\_\_\_\_ grade at \_\_\_\_\_.

I am concerned that my child has not been doing well in school. In order to understand what changes may be needed in my child's special education program or services, I am requesting that \_\_\_\_\_ receive a complete reevaluation.

I understand that pursuant to state regulations, I am a member of the evaluation team and that you must schedule a meeting with me to discuss the nature and scope within 20 calendar days of this letter. Please contact me to let me know the time and date of the meeting at \_\_\_\_\_.

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

Very truly yours,

\_\_\_\_\_

cc: \_\_\_\_\_