[Parent’s Name]

[Address]

[City, State, ZIP]

[Email Address]

[Phone Number]

Date: [Insert Date]

Via Certified Mail / Email

[Name of Superintendent / Director of Special Education]

[School District Name]

[District Address]

[City, State, ZIP]

## Re: Request for Evaluation of [Child’s Full Name, DOB]

Dear [Superintendent / Special Education Director / Principal],

I am the parent of [Child’s Name], who is a student at [School Name] in [grade]. I am requesting that my child be given a comprehensive special education evaluation, specifically to determine whether they have dyslexia or a related learning disability in reading and writing.

### Why I Am Requesting This Evaluation

[Child’s Name] has shown difficulties in key areas that are consistent with dyslexia: reading accuracy and fluency, spelling, decoding, and independent comprehension. These difficulties continue despite effort and classroom support.

### Legal Rights

Federal law requires evaluation of students suspected of having disabilities. IDEA and Section 504 cover dyslexia and related learning disabilities. Schools must evaluate children in all areas of suspected disability, including dyslexia.

### Next Steps

Please provide me with the Consent for Evaluation form so testing can begin. By law, the evaluation must be completed within 60 days of parental consent. If the district refuses, please provide specific reasons as to why the district refuses to evaluate our child in the Prior Written Notice.

Sincerely,

[Signature]
[Parent’s Printed Name]
Parent/Guardian of [Child’s Name]