**Parent Request for Comprehensive Special Education Evaluation**

[Your Name]
[Your Address]
[City, State, Zip]
[Phone Number]
[Email Address]

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To:
[Special Education Director / Principal]
[School District Name]
[School Address]
[City, State, Zip]

Re: Request for Comprehensive Special Education Evaluation of [Child’s Full Name, DOB]

Dear [Special Education Director / Principal],

I am the parent of [Child’s Full Name], a [grade level] student at [school name]. I am formally requesting a comprehensive evaluation of my child under the Individuals with Disabilities Education Act (IDEA), 20 U.S.C. § 1400 et seq., and Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794, to determine eligibility for special education services and supports.

This request is based on my child’s history of significant difficulties with reading, spelling, and written expression, which are consistent with dyslexia, a specific learning disability recognized under IDEA (34 C.F.R. § 300.8(c)(10)).

Legal Timelines:
- Under 34 C.F.R. § 300.301(c)(1), the district must conduct the evaluation within 60 calendar days of receiving parental consent (or the state-mandated timeline if shorter).
- Written notice of procedural safeguards is required under 34 C.F.R. § 300.504.

I expect the district to provide me with the prior written notice required under 34 C.F.R. § 300.503 confirming receipt of this request, outlining the proposed evaluations, and seeking my consent.

Areas of Evaluation Requested:
The evaluation must be comprehensive as required by 34 C.F.R. § 300.304(c)(6), and therefore cannot rely on a single measure or assessment. I specifically request that the evaluation cover all of the following areas:

1. Cognitive ability (IQ testing) – to assess strengths and weaknesses in verbal, nonverbal, and processing domains.

2. Academic achievement – in reading (decoding, fluency, comprehension), spelling, written expression, and math.

3. Phonological processing – including phonemic awareness, rapid automatized naming, and working memory.

4. Oral language skills – expressive and receptive language.

5. Processing speed and executive functioning.

6. Attention and behavior – to assess for ADHD or related conditions if suspected.

7. Social-emotional status – as difficulties with dyslexia often lead to anxiety or withdrawal.

8. Occupational therapy / fine-motor skills – if deficits in handwriting or written production are observed.

9. Any other area related to a suspected disability, consistent with IDEA requirements (34 C.F.R. § 300.304(c)(4)).

Next Steps:
Please provide me with:
- Written confirmation that this request has been received,
- The district’s proposed evaluation plan, and
- Consent forms for me to sign, so that the evaluation may begin promptly.

As a parent, I want to ensure my child is not denied their right to a Free Appropriate Public Education (FAPE) under IDEA and Section 504. Early and comprehensive identification of needs is essential for appropriate intervention and educational progress.

Thank you for your prompt attention. Please direct all correspondence to me at the address above. I look forward to working collaboratively to support [Child’s First Name].

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
[Your Printed Name]
Parent of [Child’s Full Name]