

Today's Date (include month, day, and year)

Your Name Street Address City, State, Zip Code Daytime telephone number

Name of Principal/IEP Coordinator Name of School Street Address City, State, Zip Code

Re: Your child's name

DOB: Your child's date of birth

Dear (Principal's name), My name is (your name) and my child, (child's name), is in the in (\_\_) grade in (name of teacher)'s class at (name of school).

I am writing to formally request that (child's name) be evaluated for special education services under the Child Find obligations of the Individuals with Disabilities Education Act (IDEA).

As you may know, my child has been struggling with (provide detailed information about your concerns, using supporting evidence such as test scores, teacher communications, work samples, etc.).

I have spoken with (name of teacher) about these concerns and the following things have been tried to help. (Describe any interventions that were tried, including response to intervention [RTI] and informal accommodations in the classroom). I believe it is critical for (child's name) to be evaluated.

As part of this process and conversation, I also would like to request that (child's name) be assessed under Section 504 of the Rehabilitation Act of 1973 to see whether (s/he) has a disability as defined by that law. Please note that I am not saying that I am comfortable substituting a 504 assessment for a special education evaluation, only that I think both are appropriate ways to determine (child's name)'s needs.

I understand that you will send me an evaluation plan explaining the tests that may be given to my child. I would also appreciate any other information you have regarding the evaluation process. If you need more information, please contact me at (your phone number).

Thank you very much for your help. I look forward to hearing from you soon.

Sincerely,

Your name

Copy sent to:

your child's teacher

your child's education record

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\*Adapted from The Everything Parent's Guide to Special Education (Adams Media, 2014)