

Letter to Request a Special Education Evaluation

Delivered on: _____ Received by: _____(Initials) Copies Received on: _____
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Date: _____

To: _____ (special ed liaison)

From: _____
(parent/guardian/student over 18)

Re: _____ (student under 18)

I am writing to request that my child be evaluated for special education services
_____. I understand that it takes up to 5 days for you to provide me a "Consent
for Testing" form. The list of testing I am requesting is:

Psychological ___ Educational___ Speech ___/Pragmatics___ Occupational Therapy___
/Sensory ___ Physical Therapy___ Functional Behavioral Assessment___ Other___

I understand that it takes 30 days from the date that I sign for consent, for the
evaluations to be completed, and 15 days to have a meeting for the results. I request
that I get the evaluation results at least 48 (work day) hours prior to the meeting.

Please contact me when they are available for me to either come to the school or that
you've placed it in my child's backpack.

My email address is _____, my phone number is _____. I look forward to receiving the consent form from you.

Thank you for your attention to this request,

(Parent or Guardian's signature or student 18 or over)

Please keep a copy for your records.