

## APPENDIX D

### Template letter to request an evaluation

Parent/Guardian's Name

Address

City, State, ZIP Code

Daytime Telephone

Today's date

Name of Special Education Coordinator

Name of School

Address

City, State, ZIP Code

Dear [Special Education Coordinator],

I am the parent of [your child's name] who is in [grade level]. His or her date of birth is \_\_\_\_\_ . I write to request a full and complete evaluation in all areas of suspected disability to determine my child's eligibility for special education and related services under the Individuals with Disabilities Education Act or Section 504 of the Rehabilitation Act of 1973.

[Your child's name] was diagnosed with [illness] by [doctor's name.] During the past three months [or other period of time that is meaningful—a term, a semester, the previous year], he or she has missed \_\_\_\_\_ days of school due to [explain the reasons—hospitalization, feeling unwell, doctor's appointments, etc.]. In that time, I have noticed [specify how your child's symptoms interfere with his or her educational experience]. These challenges have negatively impacted my child's educational performance.

I request this evaluation because [describe suspected academic challenges and give specific examples from personal experience].

I will contact you by [date] to follow up on this request. You can reach me during the day at [phone number] or by email at [email address]. Thank you for your assistance.

Sincerely,

[Your name]