



Letter Requesting Additional Testing

(Be sure to keep a copy for yourself)

Date

Name of principal

Name of school

Address of school

Dear (name of principal):

I am the parent of (name of student), a student at your school. I have studied the reports of the school's evaluation of my child and believe he/she was not evaluated in every area of suspected disability. I believe additional testing is needed in the area(s) of: (list areas needing further testing). [or] I believe my child may need specialized services and am requesting that she receive a specific evaluation for (orientation and mobility, functional behavioral assessment, vocational evaluation, assistive technology evaluation, etc.)

I look forward to hearing from you within five school days of the date you receive this letter if you do not plan to schedule an ARD meeting to consider my request. Otherwise, please contact me so we can arrange a time and place for the meeting. If any consent forms must be signed, please provide them as soon as possible.

Thank you for your help.

Sincerely,

Your name

Your address

Your telephone number

Your e-mail address (optional)