



Letter Requesting Initial Evaluation for an IEP or 504 Plan

(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/guardian of (student's name), who is a student at (name of school). I (can also list others who have concerns here) am concerned about the difficulty that (child's name) has experienced in school over the ___(weeks/months/years). I would like to request a comprehensive assessment in all areas related to the suspected disability to determine whether (student's name) is eligible for special education and/or related services either under the Individuals with Disabilities Act (including the Other Health Impairment category) or Section 504 of the Rehabilitation Act of 1973.

I believe testing is needed in the area(s) of: (list areas of suspected disability needing testing). *If applicable add:* Teachers have also noted concerns regarding (areas of concern). The following interventions and accommodations have already been tried (examples might be preferential seating, tutoring, testing accommodations, etc). However, (student's first name) continues to struggle in school with (be specific-consistent grades, test performance, attention, organization, etc). *If applicable add:*

In addition (student's name) has been diagnosed with (specific diagnosis) by (professional/title). A written copy of that diagnosis/assessment is attached to this letter.

I understand that the evaluation generally must be completed within 45 school days from the date the school district receives signed consent for the evaluation. Please notify me in writing if the evaluation period is not subject to this deadline or will take longer to complete.

Please contact me within five days of this request to sign consent forms to evaluate my child. Thank you for your help.

Sincerely,

Your name
Your address
Your telephone number
Your e-mail address (optional)