



Letter Requesting Reevaluation

(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 believe a new (speech, physical therapy, assistive technology) evaluation is needed because _____. It has been at least (insert time period, for example, 1-year since my child has been evaluated in this area).

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)