

Today's Date

Your Name
Your Address
City, Town ZIP
Daytime Telephone

Name of Principal or Special Education Administrator
Name of School
Street Address
City, State, Zip Code

Dear (Principal's, Special Education Coordinator, and/or Superintendent's name),

I am requesting that District evaluate my son/daughter, (child's name), for special education and related services. I am concerned that (child's name) is not doing performing in school and suspect he/she has a disability that is affecting his/her education. I suspect that (child's name) needs special education services in order to receive an appropriate education.

I am concerned because (child's name) is struggling with (give a few areas of where your child is struggling at school such as academically, socially/emotionally, independent skills). Moreover, these deficits are impacting (child's name) education and not improving.

I understand time is of the essence. Likewise, I understand the district has 14 days to provide me with a *written* response to my request. I appreciate your attention and prompt response. Please send me information, consent, and/or other forms you need me to review and sign.

I look forward to working together.

Your name