

Your Name
Your Street Address
Your City and State
Your Phone Number

Date

Principal's Name
School Name
School Address

Reference: Student's Name
DOB: Student's date of birth
Grade: Enrolled grade

Dear Principal,

I am writing to request that my son/daughter, child's name, be tested for special education services under the Individuals with Disability Education Act and any disabling condition under Section 504 of the Rehabilitation Act.

Child's name is having difficulties with describe the problem(s). Include specific examples of the problem(s).

For these reasons, I believe that it is crucial for child's name to be evaluated. I am requesting that my child be tested in all areas. Thank you for your assistance in the matter. I look forward to receiving my child's assessment plan from your office within 15 days.

I would also appreciate any other information you have regarding the evaluation, how eligibility is determined, and the general Individual Education program (IEP) process.

If you need more information, please contact me.

Sincerely,

Your name, Relation to child
Your contact information