DATE

Name of Director of Special Education

School District Name

Address

City, State, Zip Code

Re: [Child’s Name]

Date of Birth: 01/01/2000

Dear [Name of Director of Special Education],

My name is [Name]. I am the parent of [Child’s Name] who is in the [Grade} at [School Name] School. This is my written request for special education assessments in all areas of suspected disability and specifically in the following areas:

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Some of my concerns are based on the following: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that I must be presented with a written assessment plan within fifteen (15) days and that the plan will inform me of the tests to be given, dates for the tests, and the names of the persons who will administer the tests, as well as explanations of the tests and their purposes.

Thank you for your support and help in this matter.

Yours truly,

[Your Name], Mother/Father of [Child’s Name]

Your Email