

**Request for Evaluation to Determine Eligibility for Special Education**

\_\_\_\_\_  
Parent's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Contact Information

\_\_\_\_\_  
Principal's Name

\_\_\_\_\_  
School Name

\_\_\_\_\_  
School Address

Date \_\_\_\_\_

Dear Principal \_\_\_\_\_,

I am writing to request that my child \_\_\_\_\_ whose date of birth is \_\_\_\_\_ receive an evaluation to determine eligibility for special education services. [If applicable: My child's language is \_\_\_\_\_. My language is \_\_\_\_\_. Accordingly, I request that: \_\_\_ my child be evaluated in their preferred language and/or \_\_\_ I receive interpretation and translation services.] My child is currently in the \_\_\_\_\_ grade at \_\_\_\_\_. I am concerned about the progress my child is making at school in the following areas:

Specifically, I am concerned about the following:

Therefore, I am requesting that my child receive a comprehensive psychoeducational evaluation to determine whether my child needs services, and if so, what services and supports are needed. I would like to participate with the school staff to decide what testing is done and what other information should be collected and provided about my child.

In addition to this request in writing, I made a request verbally for a comprehensive psychoeducational evaluation on or about \_\_\_\_\_ to \_\_\_\_\_. Please provide me with a copy of a Permission to Evaluate Consent Form (PTE) within the required 10-day period and I will sign it.

Thank you for your time and consideration. I can be reached at \_\_\_\_\_ or \_\_\_\_\_ should any questions arise.

Sincerely,

\_\_\_\_\_

CC. Director of Special Education: \_\_\_\_\_  
Main Classroom Teacher: \_\_\_\_\_