

Request for Reevaluation

Parent's/Guardians' Name

Address

Contact Information

Principal's Name

School Name

School Address

Dear Principal _____,

Date _____

I am writing to request that my child _____ whose date of birth is _____ receive a reevaluation to determine what new needs my child has and what services and supports are needed as a result. [If applicable: My child's language is _____. My language is _____. Accordingly, I request that: -- my child be evaluated in their native language and/or I receive interpretation and translation services.] My child is currently in the _____ grade at _____ and has an IEP. _____ was last evaluated in _____. I am concerned that my child is not making progress in school in the following areas:

Specifically, I am concerned about the following:

Therefore, I am requesting that my child receive a comprehensive psychoeducational reevaluation to determine whether my child needs more services, and if so, what services 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 reevaluation on _____ to _____. Please provide me with a copy of a Permission to Re-Evaluate Consent Form (PTRE) 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: _____