

# EVALUATION REQUEST LETTER

PARENT NAME  
ADDRESS  
CITY, STATE ZIP  
PARENT PHONE NUMBER

DATE

Ms/Mr (Director of Special Services)  
Name of District  
Street  
City, State Zip

Dear Ms/Mr \_\_\_\_\_ :

Dear \_\_\_\_\_ :

I am the parent of \_\_\_\_\_, whose date of birth is \_\_\_\_\_ and who is a student in the \_\_\_\_\_ school and in the \_\_\_ grade.

My child has not been doing well in school and I believe \_\_\_\_\_ may need special education services. I am therefore requesting a complete child study team evaluation to determine if \_\_\_\_\_ is eligible for special education.

I understand that a meeting will be set up to discuss my concerns within 20 calendar days of receipt of this letter. Please contact me in writing to let me know the time and date of the meeting.

I hereby give my consent for the evaluation to be done.

Should you have any questions about this request, please contact me.

Sincerely,

PARENT NAME

# RE-EVALUATION REQUEST LETTER

PARENT NAME  
ADDRESS  
CITY, STATE ZIP  
PARENT PHONE NUMBER

DATE

Ms/Mr Case Manager  
Name of District  
Street  
City, State Zip

Dear Ms/Mr Case Manager:

I am the parent of \_\_\_\_\_, whose date of birth is \_\_\_\_\_ and who is a student in the \_\_\_\_\_ grade at \_\_\_\_\_ school.

My child has not been doing well in school. In order to understand what changes may be needed in my child's special education program or services, I am requesting that \_\_\_\_\_ receive a complete re-evaluation.

I understand that within 20 calendar days of this letter, we will need to meet to discuss which areas will be evaluated. Please contact me in writing to let me know the time, date and location of the meeting.

Should you have any questions about this request, please contact me.

Sincerely,

PARENT NAME

cc: DIRECTOR OF SPECIAL SERVICES FOR THE SCHOOL DISTRICT

# INDEPENDENT EVALUATIONS REQUEST LETTER

PARENT NAME  
ADDRESS  
CITY, STATE ZIP  
PARENT PHONE NUMBER

DATE

Ms/Mr Case Manager  
Name of District  
Street  
City, State Zip

Dear Ms/Mr Case Manager:

I am the parent of \_\_\_\_\_, whose date of birth is \_\_\_\_\_ and who is a student in the \_\_\_\_\_ grade at \_\_\_\_\_ school.

I am requesting that the school district agree to pay for an independent evaluation of my child. I request an independent evaluation by the following specialists: (for example, School Psychologist, School Social Worker, Learning Disabilities Teacher-Consultant, Psychiatrist, Neurologist, Speech/Language Specialist, Physical Therapist.)

I understand that the school district must provide the requested independent evaluation without undue delay, unless it initiates a due process hearing within 20 calendar days to show that its evaluation is appropriate. Upon receipt of this request, please provide me information about where I can obtain my independent evaluation and criteria for independent evaluations.

Sincerely,

PARENT NAME

cc: DIRECTOR OF SPECIAL SERVICES FOR THE SCHOOL DISTRICT

# IEP SERVICES REQUEST LETTER

PARENT NAME  
ADDRESS  
CITY, STATE ZIP  
PARENT PHONE NUMBER

DATE

Ms/Mr Case Manager  
Name of District  
Street  
City, State Zip

Dear Ms/Mr Case Manager:

I am the parent of \_\_\_\_\_, whose date of birth is \_\_\_\_\_ and who is a student in the \_\_\_\_\_ grade.

I am writing because my child's IEP is not being implemented appropriately. The following services, supports, and accommodations, which are contained in my child's IEP, are not being provided: \_\_\_\_\_

\_\_\_\_\_

**or**

I am writing because my child is having difficulty in school and is not making adequate progress under his or her current IEP. I am particularly concerned about the following: \_\_\_\_\_

\_\_\_\_\_

Therefore, I request the following: \_\_\_\_\_

\_\_\_\_\_

I understand that under state regulation, I am a member of the IEP team and that you must respond to my request within 20 calendar days of this letter.

I further understand that when a meeting is required to make a determination and respond to my request, that the meeting must be conducted and a determination made within 20 calendar days. Please contact me to let me know the time and date of the meeting. Should you have any questions about this request, please contact me.

Sincerely,

PARENT NAME

cc: DIRECTOR OF SPECIAL SERVICES FOR THE SCHOOL DISTRICT

# REQUESTING IEP MEMBER AT MEETING LETTER

PARENT NAME  
ADDRESS  
CITY, STATE ZIP  
PARENT PHONE NUMBER

DATE

Ms/Mr Case Manager  
Name of District  
Street  
City, State Zip

Dear Ms/Mr Case Manager:

I am looking forward to participating in my child \_\_\_\_\_'s IEP meeting on \_\_\_\_\_, 2007 at \_\_:\_\_ .m. at the \_\_\_\_\_ School. In order to develop an appropriate IEP for my child and to allow for my participation as an equal member of my child's IEP Team, I must be able to discuss the details of his program with all members of the team. For this reason, I request that the following required team members be present for the entire IEP meeting:

EX: Ms. Samantha Jones, General Education Teacher\*  
Mr. James Smith, Special Education Teacher

In addition, based on my child's current situation, I am requesting that the following individuals also be present for the entire meeting:

EX: Mr. John Hall, Guidance Counselor  
Ms. Victoria Lane, Speech/Language Pathologist  
Ms. Sarah White, Behavioral Consultant  
Ms. Catherine Miller, Classroom Aide

Your assistance with this important matter would be appreciated. Please provide written confirmation that the listed individuals, as well as a representative from the district who is knowledgeable about the district's programs and has the authority to make commitments on behalf of the district, will be in attendance and are scheduled to be present during the entire meeting.

Sincerely,

PARENT NAME

cc: DIRECTOR OF SPECIAL SERVICES FOR THE SCHOOL DISTRICT