



Assessments

When a child is struggling in school, the first step is discussing your concerns with your child's teacher. Be sure to prepare for this discussion, bringing with you samples of their work and examples of how you see them struggling (e.g. time spent on homework, level of assistance needed, his frustrations, etc.) The teacher may refer your child to a Student Study Team or other general education group of school staff who can discuss possible changes or accommodations your child may need in the classroom.

It is also possible to move forward, after your discussion with the teacher, with requesting an assessment (sometimes referred to as an evaluation) of your child's abilities, strengths and weaknesses. Assessments are used to learn about needs and guide decision-making to see if your child is eligible for Special Education Services or a 504 Accommodations Plan. The school is required by law, before referring a child for special education instruction and services, to consider and utilize, where appropriate, the resources of the general education program. However, a referral to a Student Study Team cannot delay responding to a request for an assessment for special education eligibility.

If your child already has an Individual Education Plan (IEP), assessments are used to revise the IEP and establish appropriate services. Eligibility for special education services as well as accommodations provided under the "504 Plan" must be determined through assessments.

This packet will provide you with information on how to request assessments, the legal requirements when requests are made, how to understand assessments and the purpose of assessments.

Other Information Packets Available:

Advocacy and Communication
ADHD/ADD
Behavior
Bullying
School Discipline
Emotional Difficulties
Individual Education Plans (IEP)
Learning Disabilities
Resolving Disagreements
504 Plans

Our libraries in Novato and Fairfield have articles, books, DVD's/videos, magazines and other materials that relate to this topic. We also offer workshops on IEP issues, support groups, and one-on-one consulting with parents. Visit our website for more information.

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Assessment Resources

CA Dept. of Education: Special Education	916-319-0800
www.cde.ca.gov/sp/se/	
CHADD – Children & Adults with Attention Deficit Hyperactivity Disorder	1-800-233-4050
www.chadd.org	
Families and Advocates Partnership for Education	1-888-248-0822
www.fape.org	
Great Schools (formerly Schwab Foundation for Learning)	
www.greatschools.net	
Learning Disabilities On Line	
www.ldonline.org	
National Mental Health Information Center	1-800-789-2647
www.mentalhealth.org	
National Information Center for Children & Youth With Disabilities	1-800-695-0285
www.nichcy.org	
Northern Calif. Branch-International Dyslexia Association	650-328-7667
www.dyslexia-ncbida.org	
Protection and Advocacy	1-800-776-5746
www.pai-ca.org	
Wrightslaw	
www.wrightslaw.com	

Selected Materials

A Guide for Non-psychologists: Children's Psychological Testing - Wodrich
When You Worry About the Child You Love: Emotional & Learning Problems in Children –
Hallowell
Special Educator's Complete Guide to 109 Diagnostic Tests - Pierangelo
Finding Help When Your Child is Struggling in School: From Kdg to Jr. High - Greene
The Complete IEP Handbook - Siegel
Taking Charge of ADHD – Barkley
Understanding Learning Disabilities – Learning Disabilities Council
Negotiating the Special Education Maze - Hayden
SELPA Special Education Parent Handbook - contact your school or the SELPA
Straight Talk About Psychological Testing for Kids – Braaten (2004 publication)
Understanding Tests and Measurements for the Parent and Advocate at www.ldonline
Tests for Special Education - Compton
From Emotions to Advocacy - Wright

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Assessments – An Overview

An assessment (or evaluation) provides information about your child's strengths and weaknesses to determine eligibility for special education services or a 504 Plan or to help in revising an existing plan. Assessments must address all areas related to a suspected disability. To qualify for special education, your child must have at least one of 13 listed disabilities, which adversely affects their educational performance to the degree that they require special education and/or related services. If your child is found eligible for either special education or a 504 Plan, the assessment is the foundation for developing the plan to ensure that your child receives an appropriate education. If your child is not found eligible, the assessment should provide new information that the general education staff can use to educate your child.

Types of Special Education Evaluations

- Initial: determines if a disability exists and if the extent of the disability requires an Individual Education Plan (IEP) or a 504 Accommodation Plan
- Re-evaluation: if your child has an IEP, re-evaluation occurs every 3 years to determine if your child continues to have a disability and continues to need special education, how he is progressing, and current educational needs. *If the school district indicates no further testing is needed to determine eligibility and you request testing, the school must proceed with testing.*
- As needed: to determine how to meet the unique needs that result from the disability of a special education student (behavior support plan, occupational therapy, etc.)
- At parent request: but not more than once per year (or if district and school agree otherwise)
- Independent Educational Evaluation at public expense (IEE): if a parent disagrees with an evaluation performed by the school district (see side 2)

Timelines for Special Education Evaluations

- Upon receipt of a request by a parent/guardian for an evaluation (PUT YOUR REQUEST IN WRITING – a sample letter is available), a proposed assessment plan must be provided to the parent within **15 CALENDAR DAYS** (excluding school vacations greater than 5 days). If the district determines that an assessment for special education is not needed, the district **MUST** put this in writing, noting the reasons for the denial. You have a right to appeal the denial.
- After the parent/guardian gives consent to the assessment plan, the district has **60 DAYS** to complete the assessment and hold an IEP meeting to review the findings, determine eligibility and develop an IEP.

Requirements – special education law specifies procedures and components of assessments.

Important Considerations

- Ask for a copy of all written reports before the IEP meeting so you have time to check for accuracy of information, develop questions, identify areas of agreement or disagreement or review the report with others who can be of help.
- Formal testing is only one method of assessment. A variety of methods must be used to gather relevant information. *This includes information provided by the parents/guardians.* Methods include: interviews, observations, work samples, review of past history, etc.

- Organize your input – write down your ideas, concerns, and observations; bring these and other important papers to the IEP meeting
- Before signing the consent to assess, understand why the tests are proposed, what they measure and if you feel all areas of concern are being evaluated

Assessments from Professionals in Private Practice

As a parent, you may obtain an independent/non-school assessment at your own expense or request an Independent Educational Evaluation (IEE) at public expense. In either case, you want to do your homework. The IEP team must consider outside assessments you obtain at your own expense, not necessarily use it or agree with it. However such assessments are often quite useful for the team. Matrix has information to help you sort out the type of evaluation your child needs.

On other occasions, you might disagree with the school’s assessment and request an independent assessment at public expense, doing so in writing. The school may respond by offering to do additional assessments. In the end, if you feel that the school’s assessments are not accurate or sufficiently comprehensive, you may request an Independent Educational Evaluation. The school must either provide you with information on how to pursue a publicly funded independent assessment, or initiate a due process hearing to show that its assessment was appropriate. If a ruling states the school’s assessment was appropriate, then the school would not pay for the independent assessment. It is important to obtain the school district’s policy on IEEs **before** obtaining such an assessment if you want it paid for by the school.

Important information to consider in selecting an evaluator:

THE PROFESSIONAL	THE PROCESS
Experience with children such as yours (does it match your needs) and training and licensing	How much time is involved? Will there be a classroom observation? is there a separate meeting with you as the parent?
References from others, including other parents	Fee structure—charges for phone consultation? comparison with other professionals?
How well do they communicate w/you?	The report—will it include test scores? Will it include recommendations for interventions? Typical length?
Will they attend IEP meetings?	When can the evaluation begin?

Types of Evaluators

A professional’s training can impact an evaluation. Sometimes the level of education is important—PhD., Master’s or Bachelor’s Degree. Some assessments can only be administered by a specific professional. Know the different types of professionals. For example:

Types of psychologists: educational, clinical and school psychologists; neuro-psychologists

Types of professionals who provide counseling: Marriage and Family Therapists (MFT), Clinical Social Workers, Psychiatrists, Clinical Psychologists

Physicians: general pediatrician, developmental pediatrician, child psychiatrist

Educators: general education, special education, educational therapist, educational consultant

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Special Education Categories of Eligibility

To be eligible for Special Education services, the student must have a disability that adversely affects educational performance and therefore needs special education and related services to benefit from their educational program. The lack of educational achievement cannot be the result of limited school experience, poor school attendance, a history of inappropriate instruction, or environmental, cultural or economic disadvantage. Schools provide an evaluation at no expense to parents to determine eligibility for special education.

Specific Learning Disability

To determine eligibility, districts now have the option to either use what is known as the “discrepancy” method or the “RTI” method (response to intervention). The discrepancy method requires the finding that there is a severe discrepancy between the child’s intellectual ability and his academic achievement, both of which are measured by standardized tests. The discrepancy must be due to a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or perform mathematical calculations.

The RTI method involves monitoring the student’s response to increasingly intensive levels of general education intervention to determine if specialists should be brought in for a comprehensive evaluation to see if special education is needed. Ask your district if this methodology is an option.

Speech and Language

An articulation disorder in which all of the following exist: reduced intelligibility or inability to use speech which significantly interferes with communication or attracts adverse attention, significant interference in communication when production of single or multiple speech sounds is below age level. Other language disorders include abnormal voice and fluency disorders. A Language disorder (expressive or receptive) in which the student scores at least 1.5 standard deviations below the mean or below 7% for age on two or more standardized tests in one or more of the following: morphology, syntax, semantics, pragmatics.

Other Health Impairment

Limited strength, vitality or alertness due to chronic or acute health problems, including but not limited to: asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and Tourette syndrome; and this condition adversely affects their academic performance.

Severe Emotional Disturbance

One or more of the following conditions are exhibited over an extended period of time and to a marked degree: inability to learn which cannot be explained by intellectual, sensory or health factors; an inability to build or maintain satisfactory interpersonal relationships exhibited with peers and teachers; inappropriate types of behavior or feelings under normal circumstances exhibited in several situations; a general pervasive mood of unhappiness or depression; or a tendency to develop physical symptoms or fears associated with personal or school problems.

Autism Spectrum/Pervasive Developmental Disorder

Autism means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, which adversely affects a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences.

Mental Retardation (Limited Cognitive Ability)

General intellectual functioning is significantly below average with deficits in adaptive behavior which are manifested during the developmental period.

Hearing Impairment/Deaf

A hearing impairment, whether permanent or fluctuating which impairs the processing of linguistic information through hearing, even with amplification.

Deaf/Blindness

Both hearing and visual impairments exist, the combination of which causes severe communication, developmental and educational problems.

Multiple Disabilities

Combinations of disabilities such as mental retardation and blindness, mental retardation and deafness, mental retardation and orthopedic impairment, (excludes deaf-blindness) to the extent that needs cannot be met in programs that address only one of the impairments.

Orthopedic Impairment

Severe orthopedic impairments adversely affecting educational performance, including those caused by congenital anomaly, disease or other causes (such as cerebral palsy, amputations and fractures or burns which cause contractures).

Traumatic Brain Injury

An acquired injury to the brain caused by an external force or by an internal occurrence such as stroke or aneurysm, resulting in partial or total functional disability or psychosocial maladjustment resulting in mild, moderate or severe impairments in one or more areas, including cognition; language; memory; attention; reasoning; abstract thinking; judgment, problem-solving; sensory, perceptual and motor abilities; psychosocial behavior; physical functions; information processing; and speech. The term does not include congenital, degenerative or brain injuries induced by birth trauma.

Visual Impairment

A visual impairment, including blindness, which even with correction adversely affects a child's educational performance. Includes partial sight and blindness.

Additional Eligibility Criteria for Children Birth through 4 years & Nine Months

The child is functioning at or below 50% of her/his chronological age in one of 5 skill areas (gross or fine motor, receptive or expressive language, social or emotional development, cognitive development and visual development) or between the 51% and 75% in any of two areas or the child has a medical condition or congenital syndrome which the IEP team determines has a high predictability of requiring intensive special education and services.

Early Start Services (provided by Regional Centers and Local Education Agencies)

Available to children ages birth through two years of age who meet one of the following criteria: 1) have a developmental delay in one or more of five areas (cognitive development, physical and motor development, communication development, social or emotional development, or adaptive development); 2) have an established risk condition with a high probability of developmental delay; or 3) at high risk of substantial developmental delay due to a combination of factors.

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IEPs: The Sequence

The Individuals with Disabilities Education Act (IDEA) is the federal special education law which requires that students with disabilities receive a free and appropriate education (FAPE) in the least restrictive environment (LRE). This law establishes a process with a sequence designed to ensure that students with disabilities receive an individualized education program (IEP) based on their specific needs, and that they not be needlessly segregated from their non-disabled peers.

You will see that the sequence of discussion and decisions must proceed in an orderly manner: first assessments, then goals, then services, and only then, placement. Assessment is the base or foundation for the development of the IEP. All of the components of the IEP are to flow from assessments of the student. Below you will see how the IEP is “built” from the foundation up.

4. Placement

The last decision to be made is where services should occur for the student to make adequate progress on their goals and be in the least restrictive environment appropriate for this student. Discussion of placement occurs after agreement is reached on assessment, goals, and related services and should be based on needs, not category of disability. Parents have a right to visit any recommended placement.

3. Services

Once goals are written, the team determines the services the student needs to make progress on their goals and be educated in the least restrictive environment. This means being educated to the greatest extent appropriate with non-disabled peers. The frequency and duration and location of services must be specified. Availability and convenience should not determine services; rather the determination is based on what the student needs to make progress. Needed modifications should be specified as well as behavioral support.

2. Goals

Using the assessment information, the IEP team, including the parent, identifies areas of need that the IEP will address so that the student will make progress in the general curriculum. Beginning with specific and measurable statements of present levels of performance, the team develops annual goals, both academic and functional. These are specific and measurable statements of how the student will perform after one year of special education services. Student strengths and interests must be considered in addressing areas of needs.

1. Assessment

Assessment should occur in all areas related to the suspected disability. It consists of standardized tests, background information, and data on functional performance such as work samples and observations. Assessment cannot be discriminatory: students not speaking English should not be tested in English, visually impaired students should have assessments that do not rely on seeing, etc. For students with language disabilities, their cognitive ability (intelligence) should not be measured with tests that are heavily dependent on language. No single procedure is to be used as the sole criterion of eligibility. Parental consent is required for all such assessments. Screenings by teachers are not considered to be an evaluation.

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Parent Observations – Getting Specific

When explaining to professionals your concerns about your child, the more specific you can make your observations the better. The following are some examples of specific observations:

General	Specific
Messy handwriting	math problems aren't lined up letters spill over the lines on the page pencil marks are so dark and she pushes too hard when writing very slow writing & tires quickly BRING A WORK SAMPLE – show what you mean
Doesn't listen	have to repeat instructions one at a time if there is a list of things to do, he does only the first thing gets headaches in loud places makes noises, sings, talks to herself when he sees my face, he hears my directions better
Doesn't get his work done	forgets his books 3 out of the 5 days each week desk papers, drawers, backpack are a mess gets the right answer but takes a long time thinks work will take less time than it does
Can't remember	math facts are hard does fine on a spelling test one week, then can't spell the same words the next week
Reading is hard	reads short messages fine but hates books doesn't want to read books without pictures reads aloud fine, but can't tell me what he has read skips lines, adds words that aren't there, misses simple words won't read aloud and when does, reads slowly with difficulty
My child is unhappy	has stomach aches each day before school rips up or crumples up and throws out work or assignments pokes holes in the cuffs of all his sweatshirts doesn't sleep well and seems tired most days

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Checklist for Assessments

Parents must give written consent to assess. In order to understand the assessments that will be used with your child, ask questions about why each assessment tool has been selected, the specifics of what will be measured and how this will be done. Written notice must be provided to parents documenting the school's reasons for denial of assessment.

Assessment:

- Child assessed in all areas related to the suspected disability – think: C.H.A.M.P.S. (communication, health & living skills, academics, motor, perceptual & social/emotional)
- Includes a variety of tools: observation, work samples, interviews and standardized tests
- Includes information from the parent, teachers and related service personnel
- No single score or procedure determines eligibility or a student's program
- Includes discussion of strengths as well as areas of need
- Specifies educational need and explicit instructional implications (i.e. if you are concerned that your child can't read long passages of text, a reading test is needed that assesses this and not a test that involves reading single words or 1-2 sentences).
- Administered by trained persons in accordance with testing instructions
- Tests are valid, non-discriminatory (race, culture, native language) and accurately measure what they are designed to measure
- Tests take into account age, level of functioning, disabilities and attention
- Tests given to students with impaired sensory, manual or speaking skills must accurately reflect aptitude and ability rather than reflecting the impairment (i.e. if you have low vision, a reading test with small text may not measure your intellectual ability accurately)
- Assessment results are in writing and presented in a manner that you understand

At the time you provide your written consent, ask to receive written reports BEFORE the IEP meeting so you can digest the information, prepare questions, manage any emotions privately and participate better more knowledgeably in the discussions.

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Questions to Ask Yourself When Reviewing Your Child's Assessment

As you read the reports the professionals have written about your child use these questions as a guide. Many families find it helpful to use a photocopy of the original report to make margin notes or use different colored highlighters to make it easier to find information you want to bring up at the IEP meeting.

- Is the information accurate? If information is not accurate, highlight that in one color. Ask to have the report corrected. If the evaluator agrees, get a corrected copy and review your child's file to be sure the inaccurate copy is removed. If the district REFUSES to correct the information ask for the District's student record policy. There are legal requirements regarding parent requests to amend student records.
- Does the assessment "feel" right? Does it sound like your child? Highlight in another color key areas which you agree with and in another color, areas you disagree with. This can help you quickly find these areas for discussion. If after the IEP meeting you still disagree with an assessment, ask your district for a copy of the policy on seeking an independent educational evaluation (IEE) at public expense. Information on IEE's is available through Matrix or from the CA Department of Education at 1 (800) 926-0648.
- Are inconsistencies in results explained? Do the evaluators explain possible causes when there are different findings for the same area? If there is a large variation in scores in different areas, is this taken into consideration when averaging scores or considering how the disability may be measured on this evaluation tool?
- If a weak area is identified, is it further evaluated to better understand the weakness? This is similar to "unpeeling the onion" to get to other layers.
- Are scores shown in percentiles as well as standard and/or scaled scores? Do you understand the scores and how they are reported? Many families find percentiles are easiest to understand. Ask to have scores converted to a method you understand.
- Were multiple methods of evaluation used? This means the evaluation includes MORE than test scores and includes items such as teacher observations, work samples, interviews, review of history, reports from other professionals, rating scales.
- Were all areas of suspected disability evaluated and were your initial concerns addressed? If not, you could request further evaluation.

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Assessment Scoring Terminology

Test scores can be very confusing to parents. As scores are used along with other data to make decisions about your child, it is important to ASK, ASK, ASK the professionals to give an explanation that you understand. Sometimes professionals forget that not everyone knows the terminology that they use everyday. The following are explanations that may help you:

STANDARD SCORE: in standard scores, the **average** or **mean** score is 100. This is the same as getting a 50% score or a score right in the middle of all of the scores. Standard scores are unlike classroom tests where 100 is a perfect score.

STANDARD DEVIATION: in standard scores, the **average** score or **mean** is 100, with a **standard deviation** of 15. The average child will earn a standard score of 100. If a child scores **1 standard deviation** above the mean, the standard score is 100 plus 15 ($100 + 15 = 115$). If the child scores **1 standard deviation** below the mean, this is 100 minus 15 ($100 - 15 = 85$). Two thirds of all children are between 1 standard deviation below and 1 standard deviation above the average or mean score.

SCALED SCORE: in scaled scores, 10 is the **average** score. This would be the same as getting a 50% score. The **standard deviation** for a scaled score is 3. Again, two thirds of all children fall between 1 standard deviation below ($10 - 3 = 7$) and 1 standard deviation above ($10 + 3 = 13$) the **average/mean** of a scaled score of 10.

PERCENTILE RANK: shows where a child is relative to 100 other students. If you think of 100 students standing in a line according to how well they did on a test, and your child receives a 60% rank, that means that 40 students out of 100 scored better than her and she scored better than 59 other students.

T-SCORES: are usually used to report results on emotional rating scales. Unlike in academic testing where the higher the score the better the result, with T-scores, scores that fall very high or very low may be areas of concern or a problem. For each test, be sure to ask the evaluator to explain the significance of T-scores as the range of scores that may be of concern can vary.

NORM-REFERENCED TESTS: are designed to show how well a given student performs against some average or norm.

STANDARDIZATION: is a procedure for establishing test norms by giving the test to large numbers of children who are representative of those for whom the test is designed.

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Assessment Score and Percentage Conversion Chart

STANDARD SCORE	SUBTEST SCORE	% RANK
145	19	GREATER THAN 99%
140	18	GREATER THAN 99%
135	17	99%
130	16	98%
125	15	95%
120	14	91%
115	13	84%
110	12	75%
109	--	73%
108	--	70%
107	--	68%
106	--	66%
105	11	63%
104	--	61%
103	--	58%
102	--	55%
101	--	53%
100	10	50% MIDDLE
99	--	47%
98	--	45%
97	--	42%
96	--	39%
95	9	37%
94	--	34%
93	--	32%
92	--	30%
91	--	27%
90	8	25%
89	--	23%
88	--	21%
87	--	19%
86	--	18%
85	7	16%
80	6	9%
75	5	5%
70	4	2%
65	3	1%
60	2	LESS THAN 1%
55	1	LESS THAN 1%

**Sample Letter
Request for an Initial Assessment
for Special Education Eligibility**

Parent/Guardian's name
Address
City, State, Zip Code
Daytime Telephone

Date

_____ (Principal or Special Education Director)
Local School District
Address
City, State, Zip Code

Dear _____:

I am the parent of _____ who is in the ___ grade at _____ (school). I am requesting a comprehensive assessment in all areas related to suspected disability to determine whether _____ is eligible for special education and/or related services either under the Individuals with Disabilities Education Act (including the Other Health Impairment category) or Section 504 of the Rehabilitation Act of 1973. **[NOTE: If your child has a health impairment such as ADHD, Tourettes, or sleep apnea, eligibility under the Other Health Impairment category needs to be considered.]**

I am requesting this assessment because _____ (be specific). The following interventions and accommodations have already been tried. (list interventions such as seating assignments, quiet area to take tests, etc.) However, my student continues to struggle in school with _____. *If applicable add:* _____ has been diagnosed with _____ by _____ (professional).

It is my understanding that I will hear back from you in writing within 15 days of this request.

I look forward to hearing from you and working with you and your staff.

Sincerely,

Your name

cc: include others who you think might need to know about your request

NOTE:

If the district agrees to conduct an assessment, when you give your written permission to the assessment plan, it is VERY important to put in writing that you would like copies of all written reports one week prior to the meeting where these reports will be discussed.