

**Sample Letter  
Request for an Initial Assessment for Special Education Eligibility  
for a Student with AD/HD**

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). \_\_\_\_\_ has been diagnosed with ADHD by \_\_\_\_\_ (professional). I am requesting a comprehensive assessment to determine if \_\_\_\_\_ is eligible for special education and/or related services either under the Individuals with Disabilities Education Act (IDEA), including the category of "Other Health Impairment," or Section 504 of the Rehabilitation Act of 1973.

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 \_\_\_\_\_.

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

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**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.*