

**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.

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.