

Referral for Special Education
Request for Evaluation

Date: _____

Director of Special Education

School District

School

Dear: _____ (Director of Special Education)

Re: _____ (Child's name)
_____ (Date of Birth)

I am writing to refer my child to the Committee on special education. I am requesting a special education assessment in all areas of suspected disability and specifically in the following areas: _____

Some of my concerns are based on: _____

If the school district agrees to evaluate my child, I understand I will be presented with a written evaluation plan within fifteen (15) days and that the plan will identify for me the tests to be given, dates for the tests, and the names of the persons who will administer the tests, as well as explanations of the tests and their purposes.

Sincerely,

Parent/Guardian Signature

Parent/Guardian Printed Name

Address

City, State, Zip Code

Telephone Number

Received by: _____ Date: _____

Request for an Independent Educational Evaluation

Date: _____

Director of Special Education/Principal

School District

School

Re: _____
 (Child's Name)

 (Date of Birth)

 (School)

Dear: _____
 (Director of Special Education)

I am requesting an Independent Educational Evaluation because I believe the results of my child's School District Assessments are inaccurate or incomplete. Because the results of these assessments are flawed in their accuracy or completeness they are not sufficient to guide the IEP team to an appropriate identification of disability, services, or placement.

Of my child's current assessments, I disagree with the following:

Sincerely,

Parent/Guardian Signature

Parent/Guardian Printed Name

Address

City, State, Zip Code

Telephone Number

Received by: _____ Date: _____

