

## Requesting Special Education Evaluation

Date

Your Name

Address

City, State Zip

Cristy Bobbett

Director of Student Support Services

Tully CSD

20 State Street, Tully NY 13159

**Re: (Insert child's name & DOB)**

Dear Mrs. Bobbett

My child, *(insert child's name)*, is a student at *(insert school name)*. I believe that he/she may have an educational disability that is impacting his/her education. Here are some reasons I believe *(insert child's name)* needs to be evaluated:

*List reasons why you believe your child may have a disability in bullet format.*

I am requesting that an evaluation be completed through the school district to see if special education services are necessary and appropriate. I believe that an evaluation will help us better understand what is going on with *(insert child's name)* and will be useful for *(insert child's name)*, myself, and the school district.

I look forward to receiving an evaluation consent form/packet. Please let me know if you require additional information to move forward with the evaluation.

Thank you for giving this your immediate attention. I appreciate your help to support *(insert child's name)* to be successful in their education.

Sincerely,

Your Name

Your phone number/cell/work

Email