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