

Parent name & address

_____, 20__

Principal or Director of Special Education
Name & address

To Whom It May Concern:

I am requesting a special education evaluation for my child, _____,
pursuant to the Individuals with Disabilities Education Act (IDEA) and Section 504 of the Rehabilitation Act.
Please consider this letter my full consent, as my child's parent and/or guardian, to evaluate him/her in accordance
with the IDEA and Section 504 of the Rehabilitation Act.

My child has the following diagnosis / diagnoses or symptoms _____

_____.

As a result of my child's problems, my child has experienced significant difficulties and I believe that s/he would
benefit from specialized supports in school. My specific concerns are:

I understand that the school has 45 school days or 90 calendar days to evaluate my child and hold an eligibility
meeting. Please contact me at _____ if you have any questions or need additional
information. Thank you.

Sincerely,

Parent/Guardian