

Parent/ Education Rights Holder/ Guardian's Name
Address
City, State, Zip
Daytime phone #

Date

Enter Name of School Special Education Representative
Enter District Name or preschool if child
Enter Address of preschool
Enter city, State, Zip of preschool

Re: Request for Special Education Assessment of Preschool Student
Student: Enter Full Name of student Full Name DOB: Enter Date of Birth

I am the Enter requester's relationship to student for Enter student's name who is enrolled in Enter name of preschool. At this time I am formally requesting a comprehensive assessment in all areas related to suspected disability to determine services either under the Individuals with Disabilities Education Act (including the Other Health Impairment or Emotional Disturbance categories) or Section 504 of the Rehabilitation Act of 1973.

I am requesting this assessment because of the following:
Enter need, be specific as to speech or learning difficulties, school behaviors or mental health symptoms/ diagnosis, which are affecting this child's ability to perform in the general education setting.

The following interventions and accommodations have already been tried:
Enter examples of any school (academic or behavior support), therapeutic or intensive interventions, such as Wrap Around or Regional Center Services that have been implemented/ tried. However, my student continues to struggle in school.

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,

Type your name and sign above

Cc: Enter any additional contacts for school, such as social worker's name and number, if none delete this text