

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

Date

Enter Name of District Special Education Representative
Enter district Name
Enter Address of district
Enter city, State, Zip of district

Re: Request for Special Education Assessment of child, age 3-5

Student: Enter Full Name of child DOB: Enter Date of Birth

I am the Enter requester's relationship to child for Enter child's name who lives at Enter home address, within the boundaries of Enter name of district. 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, behaviors or mental health symptoms/ diagnosis, which are affecting this child's ability to meet developmental milestones

The following interventions and accommodations have already been tried:
Enter examples of any therapeutic or behavior interventions, such as Wrap Around or Regional Center Services that have been implemented/ tried. However, my child continues to struggle.

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