**Sample Letter Request for an Initial Assessment for Special Education Eligibility**

Parent/Guardian’s name
Address
City, State, Zip Code
Daytime Telephone

Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Principal or Special Education Director)
Local School District
Address
City, State, Zip Code

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am the parent of\_\_\_\_\_\_\_\_\_\_ who is in the \_\_\_ grade at \_\_\_\_\_\_\_\_\_\_\_\_(school). I am requesting a comprehensive assessment in all areas related to suspected disability to determine whether \_\_\_\_\_\_\_is eligible for special education and/or related services either under the Individuals with Disabilities Education Act (including the Other Health Impairment category) or Section 504 of the Rehabilitation Act of 1973.

I am requesting this assessment because \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(be specific). The following interventions and accommodations have already been tried. (list interventions such as seating assignments, quiet area to take tests, etc.) However, my student continues to struggle in school with\_\_\_\_\_\_\_\_\_\_\_. If applicable add: \_\_\_\_\_\_\_\_\_\_\_\_ has been diagnosed with\_\_\_\_\_\_\_\_\_\_ by \_\_\_\_\_\_\_\_\_\_(professional).

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,

Your name

cc: include others who you think might need to know about your request.