Dear (Special Education Director),

I am the parent of (name of child), age (x), who is currently a student in grade (x) at (name of school). I am concerned about (name of child)’s educational progress and have reason to believe that he/she has special needs that require special education and related services.

(Briefly explain your concerns. List any specific observations and/or areas of suspected disability.)

I am requesting that (name of child) be given a comprehensive assessment by the school district to determine if he/she is eligible for special education and related services.

If you have any questions, please feel free to contact me. Thank you for your cooperation and assistance. I’ll look forward to meeting soon.

Yours truly,
(Your Name)
(Your Address)
(Your Phone Number)

(Today’s Date)

(Special Education Director’s Name)
(School District Name)
(School District Address)

Dear (Special Education Director),

I am the parent of (name of child), age (x), who is currently a student in grade (x) at (name of school). He/She was evaluated for special education services in (month/year). I am writing to request an independent educational evaluation at public expense because I am in disagreement with this evaluation.

I would like this independent educational evaluation to be done as quickly as possible so that we can fully address (child’s name) needs. Please send me copies of the school district’s guidelines for this process and a list of state approved evaluators for me to consider.

Thank you.

Yours truly,
(Your Name)