

Letter Requesting Services

(Be sure to keep a copy for your notebook)

(Date)

(Name of Principal)

(Name of School)

(Address of School)

Dear (Name of Principal):

I believe my child may be in need of Special Education Services. I am writing to request that a multidisciplinary team evaluate my child, (student's name), and an Individualized Educational Planning Team meet to consider providing special education programs and services. I believe my child has a disability and is eligible for special education because (Describe the evidence that supports giving special education to your child, such as your observations about learning problems, physician's reports, or observations made by teachers. List every area in which you suspect your child has a disability.). Please evaluate my child in all areas in which he/she may have a disability, including eligibility under Section 504 of the Rehabilitation Act.

Please advise me by (date) when the evaluation will take place, and who will be performing the evaluation so that I may give my consent. I plan to attend the IEPT. Please contact me to arrange a mutually convenient time and place.

Sincerely,

(Your Name)

(Your Address)

(Your Telephone Number)

Letter Requesting An Evaluation*

(Be sure to keep a copy for your records)

(Date)

(Name of Principal)

(Name of School)

(Address of School)

Dear (Name of Principal):

We are the parents of (name of student). Because of difficulties related to school work, (give information about the difficulties your child is having, such as difficulty in understanding spoken directions, not reading at an expected level, having coordination problems), we suspect our child may have an unidentified disability. Please schedule evaluations to see if there is a disability and if special education and related services are necessary. Please tell us in writing who will be performing the evaluation so that we may give our consent.

Thank you for your help. We look forward to hearing from you soon.

Sincerely,

(Your name)

(Your address)

(Your telephone number)

*All materials so designated in this section are taken from *Parent Manual - Education For Your Handicapped Child*, Advocacy Incorporated, Austin, Texas, 1979. Materials have been revised to conform with Michigan law.

Letter Requesting An Independent Evaluation*

(Be sure to keep a copy for your records)

(Date)

(Name of Principal)

(Name of School)

(Address of School)

Dear (Name of Principal):

We are the parents of (name of student). We disagree with the results of the evaluation of (name of student) on (date) because (reason why you feel the tests were invalid, inadequate or not an accurate measure of your child's performance).

We would like an independent evaluation to gather the valid and reliable information we need to plan an appropriate educational program for our child. Please send us information on: (a) criteria for qualified examiners; (b) suggested sources and locations for examiners; (c) procedures for reimbursements; and (d) reasonable and expected costs.

We understand that the school must pay for the independent evaluation unless it can prove in a due process hearing that its assessment is appropriate. Please inform us in writing within seven days regarding your intention to honor our request or to request a hearing on the issue.

We will forward the results of the evaluation to you because, as we understand it, the results of an independent evaluation must be considered in any future decisions about our child's education.

Thank you. We look forward to hearing from you soon.

Sincerely,

(Your name)

(Your address)

(Your telephone number)

Letter Requesting An Independent Evaluation Exceeding The School's Recommendation Of 'Reasonable Cost'*

(Be sure to keep a copy for your records)

(Date)

(Name of Principal)

(Name of School)

(Address of School)

Dear (Name of Principal):

We are the parents of (student's name). On (date you requested the independent evaluation) we requested an independent evaluation because we disagreed with the school's evaluation of our child. We disagreed with the evaluation because (reason why you feel the tests were invalid, inadequate, or not an accurate measure of your child's performance). On (date you received independent evaluation information from the school), we received information from you on obtaining an independent evaluation. Contained in this information was an amount (amount), which is your proposed reasonable expected costs for the evaluation.

While we agree in principle with your desire to contain costs, there are unique circumstances which preclude an evaluation for the costs you mention. (Give your argument here for the tests you think are required, e.g., although in general there is agreement that our child has a learning disability, no tests to date have identified any specific disability or teaching strategies that will help; or, although we agree that our child has an emotional impairment, the program based on current evaluations has failed to meet his or her needs).

We have identified a qualified examiner who has had success in (the examiner's unique area of expertise). Costs for this evaluation are expected to be (cost). We understand that if you believe these fees are unreasonable you may either pay this cost or initiate a due process hearing to prove that the costs are unreasonable.

Sincerely,

(Your name)

(Your address)

(Your telephone number)

Letter Requesting Reevaluation*

(Be sure to keep a copy for your records)

(Date)

(Name of Principal)

(Name of School)

(Address of School)

Dear (Name of Principal):

We are the parents of (name of student). We recently reviewed our child's evaluation and it is (out-of-date, incomplete, inappropriate due to growth and changes, time for a three-year evaluation). We request that our child be reevaluated. Please tell us in writing who will be doing the evaluation and when it will be scheduled.

Thank you for your help. We look forward to hearing from you soon.

Sincerely,

(Your name)

(Your address)

(Your telephone number)

Letter Requesting Additional Testing*

(Be sure to keep a copy for your records)

(Date)

(Name of Principal)

(Name of School)

(Address of School)

Dear (Name of Principal):

We are the parents of (name of student). We have studied the reports of the school's evaluation of our child and feel that (student's name) was not evaluated in every area of suspected disability. We believe additional testing is needed in the area of (list areas needing further testing). Please tell us in writing who will be performing the additional testing.

Thank you for your help. We look forward to hearing from you soon on this matter.

Sincerely,

(Your name)

(Your address)

(Your telephone number)

Letter Requesting To View Records*

(Be sure to keep a copy for your records)

(Date)

(Name of Appropriate Person)

(Position)

(Name of School)

(Address of School)

Dear (Name):

I would like to review my child's, (name of student) complete records. I understand that these records must be made available to me no later than 45 days from your receipt of this letter. I will come to the school office to review these records during the morning of (date 45 days from time you expect the school to get this letter). I would like to review the records before this date. If this is possible please contact me and we can arrive at a mutually agreeable time for this to take place. I would appreciate your prompt response to my request. If I do not hear from you I will be in the office on (date) at (time) to review the records.

Sincerely,

(Your Name)

(Your Address)

(Your Telephone Number)

Letter Requesting Records From School*

(Be sure to keep a copy for your records)

(Date)

(Name of Principal)

(Name of School)

(Address of School)

Dear (Name of Principal):

I am the parent of (name of student), who is a (grade level or special education etc.) student. I am preparing for (student's name's) IEPT meeting on (date) and would like to review (his or her) records prior to that date. I have tentatively reserved time to review the file in the school office on (date) at (time). I understand that all (his or her) records may not be in the office file. Please let me know if it is possible to review all the documents in the file at the school office on (date) and if it is necessary to schedule another time to review the remainder of the file. I can be reached at (day and evening telephone numbers).

I look forward to hearing from you soon.

Sincerely,

(Your Name)

(Your Address)

(Your Telephone Number)