

**Parent Request for Assessment From Public School**

Date: \_\_\_\_\_

Principal: \_\_\_\_\_

School District: \_\_\_\_\_

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

\_\_\_\_\_

Dear Principal,

**My child, \_\_\_\_\_, is a student currently enrolled in grade \_\_\_\_\_ at \_\_\_\_\_ School in the city of \_\_\_\_\_, within the service area of your school district. I am requesting a multidisciplinary assessment in all areas of suspected disability for my child, under the federal guidelines of IDEIA 2004 and the applicable sections of the California Education Code.**

These are the areas in which my child struggles:

\_\_\_\_\_

These are my child’s current standardized test scores:

\_\_\_\_\_

These are the interventions, strategies, and adjustments my child’s teachers have implemented during the past year to support my child in the classroom:

\_\_\_\_\_

\_\_\_\_\_

Despite these interventions, my child is still struggling to make progress toward grade level standards. **Please contact me at the phone number/address listed below within five days of the receipt of this letter.** Thank you for your help in this matter.

Sincerely,

Parent/Guardian Name: \_\_\_\_\_ (Print Name)

Parent/Guardian Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

