

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: _____

