

## Appendix 4-5

### 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)

\*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.