

Appendix 4-1

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.