

Appendix 4-4

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 We recently reviewed our child's evaluation and it is (out-of-date, incomplete, inappropriate due to growth and changes, time for a three - year evaluation).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)

*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.