

Appendix 3-1

Letter Requesting Services

(Be sure to keep a copy for your notebook)

(Date)

(Name of Principal)

(Name of School)

(Address of School)

Dear (Name of Principal):

I believe my child may be in need of Special Education Services. I am writing to request that a multidisciplinary team evaluate my child, (student's name), and an Individualized Educational Planning Team meet to consider providing special education programs and services. I believe my child has a disability and is eligible for special education because

(Describe the evidence that supports giving special education to your child, such as your observations about learning problems, physician's reports, or observations made by teachers. List every area in which you suspect your child has a disability.)

Please evaluate my child in all areas in which he/she may have a disability, including eligibility under Section 504 of the Rehabilitation Act.

Please advise me by (date) when the evaluation will take place, and who will be performing the evaluation so that I may give my consent. I plan to attend the IEPT. Please contact me to arrange a mutually convenient time and place.

Sincerely,

(Your Name)

(Your Address)

(Your Telephone Number)