

## ***Request for Initial Evaluation***

Jane Parent  
123 Any Street  
Anytown, MO 54321  
(987) 654-3210

November 27, 2001

Emma Teacher, Special Education Teacher  
Your school  
School address  
City, State Zip Code

Reference: Your child's name  
DOB:  
School: (school name)

Dear Ms. Teacher and:

Our son, Michael Parent, has been having some educational problems at school and we have tried all sorts of different strategies. Nothing has helped and he is falling further behind his classmates. We are, therefore, requesting a multidisciplinary evaluation to see if he would be eligible for special education services.

Because this has been going on for so long, we wish to waive the alternative intervention strategies and go straight to the referral.

I understand that once the referral has been made, the school district has 30 days to decide whether or not Michael needs to be evaluated. We would appreciate hearing from you as soon as possible so that we can get Michael's evaluation done in order to plan a program for him. We look forward to contributing to the evaluation process and appreciate your continued interest in Michael's education.

Sincerely,

Jane Parent

CC: Principal  
Area Coordinator