

ALLISON ROBERTSON
Special Education Consultant
San Diego, California 92120
Tel.: 951.380.2091

(Date)

(Principal's Name/Teacher's name)

(School Name)

(School District Name)

Re: (Student)

Sent via: (in person/email: state the email address sent)

Dear (Name),

I am the (parent/guardian) of (Student), who is (age) years old and currently enrolled in (Grade Level) at (School Name). I would like to formally request (child's name) be assessed to determine if she/he/they are eligible for special education and related services. I am concerned because

(select all that apply)

- (Student) is not progressing in school.
- (Student) has a medical diagnosis of (disability), and I am concerned it may be impacting their education.
- I suspect that my child may have (name suspected disabilities).

I want the District to complete assessments including but not limited to a psychoeducational evaluation to evaluate my child's cognition (to include the 7Gs), psychological processing, and academic achievement (to include all 4 areas of reading), speech and language to include social pragmatics, and occupational therapy to include handwriting and regulation.

I look forward to receiving a response within 15 days pursuant to Education Code Sec. 56321(a). I hope that these evaluations can be completed promptly. I will expect to have an IEP meeting scheduled within the 60 days of the signed assessment plan and to discuss the results of these evaluations at the meeting. Please ensure that I get copies of the assessment reports at minimum, one week prior to the IEP meeting so that I may meaningfully participate in my child's education.

Thank you.

Sincerely,

(Name)