Special Education Evaluation Request - SAMPLE

PARENT'S NAME: COURTNEY CARING
PARENT'S ADDRESS: 123 Anywhere St., Any City
PARENT'S PHONE: (555) 555-5555
PARENT'S EMAIL: parent@parent.com

TODAY'S DATE: AUGUST 1, 2025

PRINCIPAL:	GEORGE ENGLISH
CASE MANAGER:	Sam Strong
SCHOOL NAME:	Chicago School
SCHOOL ADDRESS:	123 Anywhere St., Any City

RE: REQUEST FOR SPECIAL EDUCATION EVALUATION FOR: Chris Caring

DOB: 8/19/2019
Grade: 1st
Teacher: Mr. Elroy

Dear Principal English**:**

I am writing to request that Chris Caring be evaluated for special education services. I am concerned that Chris Caring is having difficulty in learning in the classroom and believe he/she may need special services in order to learn.

Below, please find a list of my academic and/or behavioral concerns:

- Has difficulty recognizing simple sight words, such as where/when;
- Has difficulty sounding out words just after reading them in a passage;
- Avoids reading and gets frustrated and agitated while reading;
- Has difficulty spelling due to mixing up the order of letters.

I understand that the district must inform me of its decision regarding this request within 14 school days, and that the district must obtain my written consent prior to conducting any evaluations, after which the evaluations must be completed within 60 school days.

Sincerely,



Courtney Caring, Parent/Guardian of Chris Caring

CC: Sam Strong, CASE MANAGER

Special Education Evaluation Request - SAMPLE

PARENT'S NAME:
PARENT'S ADDRESS:
PARENT'S PHONE:
PARENT'S EMAIL:

TODAY'S DATE:

PRINCIPAL:
CASE MANAGER:
SCHOOL NAME:
SCHOOL ADDRESS:

RE: REQUEST FOR SPECIAL EDUCATION EVALUATION FOR:

DOB:
Grade:
Teacher:

Dear Principal _____:

I am writing to request that _____ be evaluated for special education services. I am concerned that _____ is having difficulty in learning in the classroom and believe he/she may need special services in order to learn.

Below, please find a list of my academic and/or behavioral concerns:

- _____
- _____
- _____

I understand that the district must inform me of its decision regarding this request within 14 school days, and that the district must obtain my written consent prior to conducting any evaluations, after which the evaluations must be completed within 60 school days.

Sincerely,

_____ *(your name)*, Parent/Guardian of _____ *(child's name)*

CC: _____, CASE MANAGER