**(Date)**

**(Name of** **Special Education Director)**

**(Name of School District)**

**(Address of School)**

**(City, State, Zip Code)**

Dear **(Name of Special Education Director):**

My child **(Child’s Name)**, date of birth **(date of birth)**, attends **(School Name)**. I recently reviewed my child’s evaluation and records and I believe more evaluations are needed. I request that the additional evaluations for my child be completed: **(in the area(s) of: )**

Please notfy me in writing who will be doing the **evaluation(s**) and when they will be scheduled.

Thank you for your help. I look forward to hearing from you soon.

Sincerely,

***Signature***

**Parent Name**

**Address**

**City, State, Zip Code**

**Phone Number**

**E-Mail address**