

Letter Requesting and Consenting for IEP Evaluation



Children's National[®]

PARENT/CAREGIVER ADDRESS

CITY, STATE, ZIP CODE

DATE

NAME OF SCHOOL

ADDRESS OF SCHOOL

CITY, STATE, ZIP CODE

Dear Principal:

I am the parent/guardian of _____ (_____) who is a
NAME OF STUDENT DATE OF BIRTH
_____ grader at your school. I am writing to ask for a special education evaluation for my child.
GRADE

My child is not doing well in school, and I believe this may be due to a disability. I believe my child may need special services at school in order to learn. This letter serves as my request and my consent for my child to be evaluated.

Please contact me at _____ to schedule an Individualized Education Program (IEP)
PHONE NUMBER
meeting. The best time to reach me is _____.
TIME OF DAY

Sincerely,

PARENT/CAREGIVER SIGNATURE

PARENT/CAREGIVER PRINTED NAME

RECEIVED BY:

SCHOOL OFFICIAL NAME

SCHOOL OFFICIAL SIGNATURE

DATE

School official, please provide a copy of this letter to the parent/caregiver.