

Today's Date (include month, day, and year)

Your Name Street Address City, State, Zip Code Daytime telephone number

Name of Principal Name of School Street Address City, State, Zip Code

Dear (Principal's name),

My name is (name) and my child, (child's name), is in (\_\_\_) grade in (name of teacher)'s class at (name of school).

I am writing about the proposed special education evaluation plan for my child, (child's name), which I received on (the date you got the letter). I have examined the plan in detail and am prepared to accept the plan conditionally.

I agree that (list the names of the tests you agree with) would be helpful in determining the presence of a disability. But I do not feel that this plan will evaluate every area of suspected disability.

I believe additional testing is needed in the area of (list the areas you think need to be evaluated, for example, physical skill or reading comprehension). I am requesting that (name specific tests or type of testing) be added to the evaluation plan.

I look forward to hearing from you in the next week as to how you wish to proceed. I am available to meet about this matter at your convenience. I can be contacted at (your phone number).

Sincerely,

Your name

Copy sent to:

your child's teacher

your child's education record

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\*Adapted from The Everything Parent's Guide to Special Education (Adams Media, 2014)