

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Parent name & address

\_\_\_\_\_, 20\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Principal or Director of Special Education  
Name & address

To Whom It May Concern:

I am requesting a special education evaluation for my child, \_\_\_\_\_, pursuant to the Individuals with Disabilities Education Act (IDEA) and Section 504 of the Rehabilitation Act. Please consider this letter my full consent, as my child's parent and/or guardian, to evaluate him/her in accordance with the IDEA and Section 504 of the Rehabilitation Act. **Because my child is not allowed to attend school at this time and s/he is being considered for expulsion, alternative school or other disciplinary change of placement, I would like my child's evaluation to be expedited pursuant to 34 CFR Section 300.534(d)(2)(i).**

My child has the following diagnosis / diagnoses or symptoms \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

As a result of my child's problems, my child has experienced significant difficulties and I believe that s/he would benefit from a specialized supports in school. My specific concerns are:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please contact me at \_\_\_\_\_ if you have any questions or need additional information.  
Thank you.

Sincerely,

\_\_\_\_\_  
Parent/Guardian