
Parent name & address

_____, 20__

Principal or Director of Special Education
Name & address

To Whom It May Concern:

My child, _____, has an I.E.P. pursuant to the Individuals with Disabilities Education Act (IDEA). I am concerned that my child needs the following type of evaluation(s):

I believe that my child needs the evaluation(s) listed above because: _____

_____.

I believe that my child needs this evaluation to increase, maintain, or improve how s/he does at school.

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

Sincerely,

Parent/Guardian