Parent Name: Date:

Address:

Director of Special Education

School District:

Address:

Dear Sir/Madam

I am the parent of who was born on and is not/is in preschool at . I am requesting a comprehensive assessment in all areas related to suspected disability to determine whether he/she is eligible for special education and/or related services either under the Individuals with Disabilities Education Act (including the Other Health Impairment category) or Section 504 of the Rehabilitation Act of 1973.

I am requesting this assessment because he/she exhibits the following concerning features:

It is my understanding that I will hear back from you in writing within 15 days of this request.

I look forward to hearing from you and working with you and your staff.

Sincerely,

Below are examples of how to phrase the concerns that have prompted a request for evaluation:

* Delayed language development. This includes expressive and receptive verbal as well as non-verbal communication.
* He/she struggles with initiating or sustaining age-appropriate conversation (reciprocal speech). This limits his ability to follow instructions therefore he takes a longer time to accomplish a task.
* Fleeting eye contact
* Poor social skills. He/she does not engage in age-appropriate play and interaction with his peers. He/she sometimes has trouble waiting his/her turn in group sports or shared toys.
* Difficulty with transition from one activity to the next. He/she will resist the change in activity to a non-preferred activity and may have a meltdown if he/she is not adequately prepared beforehand for the transition. He/she needs verbal or visual cues (prompting).
* He/she demonstrates behaviors that include hyperactivity with impulsive behavior making it difficult for him/her to stay on task. This makes it difficult for him/her to learn as he/she will not sit still long enough to be taught certain skills.
* He/she may require occupational therapy as he/she struggles with holding a pen and writing with proper grip.
* He/she often challenges boundaries
* Sensory issues including sensitivity to certain sounds, food textures and clothing materials. He/she covers his ears or becomes extremely fearful when there are sudden loud noises like the blender. He/she may be fearful if the fire alarm goes off at school for instance. He/she is also a picky eater
* Difficulty with toilet training. He/she needs prompts and incentives to use the toilet. This will be an area of need for a goal
* Excessive anxiety when he/she is in unfamiliar settings or when he/she meets new people.