My name
My address
My email address
My phone number

Today's date

Mr./Mrs. Special education director's name
Direct of Special Education
School district
School Address
School City, State, Zip Code

Re: **Child's name, school, grade**

Dear **Mr./Mrs. Special education director's name**,

I am the parent of **child's name** at **school name**. This letter is to request that my child have an initial evaluation to determine eligibility for special education services. I want to ensure that my child receives a full evaluation in all areas to rule out any disabilities that would be covered under Section 504 of the Rehabilitation Act or the Individuals with Disability Education Act of 2004. In addition to assessment for learning disabilities, please test my child in all areas in order to rule out any other disabilities my child may have. IDEA 2004 requires that an evaluation take place within 60 days of receiving consent.

Please consider this letter as consent for evaluation of my child. If there is any further paperwork I need to sign, please send that to me as soon as possible.

Thank you for your assistance in this matter. If you have questions or need to reach me, you can call me at **phone number**.

Sincerely,
My name