**Sample Testing Request Letter**

We suggest you hand deliver this letter to: Pupil Service or Special Education Director, School Principal or Superintendent. Have person accepting the letter sign a receipt for the letter. (*Next page.*)

If you cannot hand deliver the letter, mail it certified requesting a signed receipt.

**KEEP A COPY OF YOUR LETTER FOR YOUR RECORDS**

Date **(include month, day, and year)**

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

Dear **(Principal's Name)**:

I am writing to request that my **(son/daughter)**, **(child's name) (date of birth) (grade in school)**, be evaluated for special education and related services. I am concerned that **(child's name)** is having problems in school and believe **(he/she)** may need special education services in order to learn. **(Child's name)** is in the **(number of grade)** grade at **(name of school)**. **(Teacher's name)** is his/her teacher.

Specifically, I am concerned because **(child's name) (explain what your child does or does not do and give a few direct examples of your child's problems at school)**.

We have tried the following to help **(child's name)**: **(If you or the school have done anything extra to help your child, briefly state it here)**.

This letter serves as my request and consent for a multi-factored evaluation of my child. Please provide me with the name and telephone number of the person who will be forwarded this letter and who will be coordinating the multi-factored evaluation. You can send me the information or call me during the day at **(daytime telephone number)**.

Thank you for your prompt attention to my request. I look forward to hearing from you within five school days of the date you receive this letter.

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

**CC: Copies of letters sent to classroom teacher, special education district person (title varies can include school psychologist, special education director, pupil services director or another title.**

**Note:** If your child has been identified as having a disability by professionals outside the school system, add the following sentence to the end of the first paragraph above: **(child's name)** has been identified as having **(name of disability)** by **(name of professional).** Enclosed is a copy of the reports I have received that explains **(child's name)** condition.

SAMPLE Request for Testing Receipt Form

**RE:**

**Request for Testing**

**(Student’s Name)**

**(Student’s Grade)
(Student’s School)
(Parent’s Name)**

**(Student’s Address)**

Received by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **School Staff Member Name Title**

at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a written request that my child be

 **School**

tested for a disability.

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

 **School Staff Member Signature Date**