

Template for requesting additional Special Education assessments or evaluations when the student has an IEP. This is just an example. Please call WarmLine at 916-455-9500 if you have questions.

Your Name
Your Address
Your City, State, Zip Code
Your Phone Number

Program Specialist or Director
Special Education Department
School District
Address
City, State Zip Code

Date

I am requesting additional special education assessments for (Student Name) (birthdate). (Student Name) is currently eligible for special education under the category of (XXXXX).

I am requesting that (Student Name) receive comprehensive assessments for possible eligibility under (XXXXX). (Student Name) has been diagnosed with (XXXX) and has been receiving (XXXXXX) services. (Student Name) has (Example of your concerns.) which impede his ability to access the curriculum.

OR.....

(Student Name) was seen by Dr. Doolittle at Wabash Medical Center (records are enclosed) and diagnosed with (XXXXX). As a result, I am requesting comprehensive assessments for:

- This because...
- That because...

I look forward to receiving an assessment plan within 15 days of receipt of this letter.

Thank you,

Your Signature

Keep a copy for your records!