

WRITTEN REQUEST FOR EVALUATION UNDER
IDEA AND/OR 504

NAME OF PARENT

PARENT ADDRESS

PARENT ADDRESS

NAME OF SCHOOL

SCHOOL ADDRESS

SCHOOL ADDRESS

____ Sent via US Mail

____ Sent via Email to: _____

____ Delivered in person

DATE

To: Principal _____
PRINCIPAL NAME

RE: _____
NAME OF STUDENT

DATE OF BIRTH

NAME OF SCHOOL

Dear Principal _____:
PRINCIPAL NAME

I am the Parent of a child at your school. I am requesting the school district conduct a full and complete evaluation of _____ under the Individuals with Disabilities Act (IDEA) and/or
NAME OF STUDENT

504 to determine if _____ is a child with a disability and needs special
NAME OF STUDENT
education services.

_____ is a child with a suspected disability that affects his/her education.
NAME OF STUDENT

I am aware that if the school district refuses to conduct an evaluation, I will be notified in writing of the basis for refusal. _____ should be evaluated because:
NAME OF STUDENT

_____ has been struggling in school. An evaluation is needed to
NAME OF STUDENT

determine if these struggles are disability related before further failure occurs.

Sincerely,

PARENT NAME DATE