Request for an Initial Special Education Evaluation

AFAC PARENT NOTE: A parent may request an evaluation. In Louisiana, once parental consent for an initial evaluation is obtained, the evaluation generally must be completed within 60 business days, subject to applicable exceptions.

[DATE]

[RECIPIENT NAME AND TITLE]

[SCHOOL / SCHOOL SYSTEM]

[ADDRESS]

[CITY, STATE ZIP]

RE: [STUDENT'S FULL NAME], DOB [MM/DD/YYYY], [SCHOOL / GRADE]

Dear [NAME/TITLE]:

I am the parent/guardian of [STUDENT], and I am requesting a full and individual initial evaluation to determine whether my child is a student with a disability who needs special education and related services.

I suspect a disability because: [DESCRIBE ACADEMIC, COMMUNICATION, BEHAVIORAL, SOCIAL-EMOTIONAL, MOTOR, SENSORY, HEALTH, FUNCTIONAL, OR OTHER CONCERNS].

I am requesting evaluation in all areas of suspected disability, including, as appropriate: [LIST AREAS]. Please consider existing information I am providing, including [PRIVATE EVALUATIONS / MEDICAL INFORMATION / WORK SAMPLES / OTHER DATA].

Please provide the appropriate consent documents and procedural safeguards. If the school system refuses to initiate an evaluation, please provide Prior Written Notice explaining the refusal, the information used to make the decision, and other options considered.

Please confirm receipt of this request in writing.

Sincerely,

[PARENT/GUARDIAN NAME]

[ADDRESS]

[PHONE]

[EMAIL]

cc: [PRINCIPAL]; [SPECIAL EDUCATION DIRECTOR/SUPERVISOR]

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