**Special Education Assessment Request**

Date:

School Name:

School Address:

Child’s Name:

Child’s Date of Birth:

Dear Principal OR Special Education Coordinator,

I am currently requesting a comprehensive psycho-educational assessment for (NAME OF CHILD) who is in the (GRADE) at (SCHOOL).

This assessment is needed at this time because my SON/DAUGHTER has the following needs:

Academic

* (LIST DIFFICULTIES)

Behavior

* (LIST PROBLEMS)

Accordingly, please forward a proposed assessment plan to me within fifteen (15) calendar days. Education Code §§ 56043(a) and 56321(a). If you have any further questions regarding this correspondence, do not hesitate to contact me at (PHONE NUMBER).

Sincerely,

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

(PARENT/GUARDIAN SIGNATURE)