**LETTERS: REQUESTING A SPECIAL EDUCATION EVALUATION**

(Date)

(Name of Special Education Director), (Your School District)

(Address)

(City), MI (Zip Code)

Dear (Special Education Director):

My child, (Name of Child), (Date of Birth) is having difficulties in school. (Describe problems). I am requesting an immediate evaluation to determine whether my child is eligible for special education supports and services. I know that I need to give written permission for this testing and will sign these papers promptly. I will be looking for these papers within 10 school days of this request.

I am counting on the district’s completion of this evaluation and sharing the results with me within the required 30 school days. I look forward to meeting with the Multidisciplinary Evaluation Team (MET) and Individualized Educational Planning Team (IEPT) to review my child’s eligibility, and to develop an appropriate program to support my child in school.

Thank you for your assistance,

(Parent/Guardian Name)

(Address)

(City), MI (Zip Code)

(Phone Number)

(Email Address)

(Added to Quick Guides 6/29/13)