

Your Address

Your Phone Number

Date

Principal's Name

Name of Your Child's School

School Address

Dear Principal:

I am the parent of \_\_\_\_\_, whose date of birth is \_\_\_\_\_.

I feel that my child is not making progress in her special education program. I am particularly concerned about the area(s) of \_\_\_\_\_. In order to better understand the problem and the type and amount of services that may be needed, I am requesting that my child be re-evaluated.

I would like to participate with the rest of the IEP Team in the review to determine what data and testing is needed. I'd also like to know when the testing will be held and whether any meetings will be scheduled so that I can attend.

I understand that the re-evaluation must be completed, and the written Reevaluation Report given to me, within 60 school days of your receipt of the Permission to Reevaluate form signed by me. Please send me as soon as possible a Permission to Reevaluate form to sign so that we can begin the process. [Or, I'd like to come to the school and sign the form immediately].

Thank you.

Sincerely,

**KEEP A COPY OF THIS LETTER FOR YOUR RECORDS. WE RECOMMEND THAT YOU HAND-DELIVER THIS LETTER TO THE PRINCIPAL OR THAT YOU SEND THE REQUEST CERTIFIED MAIL, RETURN RECEIPT REQUESTED.**