

Sample Letter

TO REQUEST AN INITIAL SPECIAL EDUCATION EVALUATION

The purpose of an evaluation is to determine whether your child is eligible for special education services. An evaluation is also used to gather information to help you and the school develop your child's Individualized Education Program (IEP). You have the right to have an evaluation in all areas related to your child's suspected disability.

(Date)

(Name of District Special Education Coordinator)
(Title of Person)
(Address of Supervisory Union)
(City, State Zip)

Dear (Name of Special Education Administrator):

I am the parent of (your child's first name), who is enrolled at (name of school).

I feel that (child's first name) may have a disability that interferes with (his/her) learning. I would like you to arrange a comprehensive evaluation as soon as possible.

Thank you. I look forward to hearing from you within 15 calendar days*.

Sincerely,

(Your Name)
(Address)
(Telephone Number)

cc: (send a copy to Appropriate School Personnel or Special Educator)

* Best practice among states is the "15-day rule." The 15-day rule means that within 15 calendar days of a request for an evaluation, the school should request parent consent, convene an Evaluation Planning Team (EPT), or provide written reasons for denying the request. Vermont's Secretary of Education strongly encouraged schools to incorporate the 15-day rule into their processes in her **Guidance on Special Rules Memo** dated August 21, 2017.



600 Blair Park Road ■ Suite 240 ■ Williston, VT 05495

Sample Letter

TO REQUEST A SPECIAL EDUCATION RE-EVALUATION

Your child's re-evaluation must take place every three years, or more often if needed, or if you or the teacher request it. The school should complete the three-year re-evaluation by the anniversary date of your child's last evaluation.

(Date)

(Name of District Special Education Coordinator)
(Title or Position of Person)
(Address of Supervisory Union)
(City, State Zip)

Dear (Name of District Special Education Coordinator):

I am the parent of (your child's first name), who is enrolled at (name of school).

I am concerned about (child's first name) current (program/placement). I believe the information being used to make this (program/placement) decision is (out of date or incorrect), and I am requesting a comprehensive re-evaluation for (him/her).

Thank you. I look forward to hearing from you soon.

Sincerely,

(Your Name)
(Address)
(Telephone Number)

cc: (send copy to Appropriate School Personnel or Special Educator)



Sample Letter

TO REQUEST AN INDEPENDENT SPECIAL EDUCATION EVALUATION

If you disagree with the school's evaluation, you have the right to obtain an independent evaluation of your child, conducted by a qualified evaluator who is not a school employee. The school should give you information about where to get an independent evaluation. You may have an independent evaluation at your own expense at any time.

(Date)

(Name of District Special Education Coordinator)
(Title or Position of Person)
(Address of Supervisory Union)
(City, State Zip)

Dear (Name of District Special Education Coordinator):

I am the parent / guardian of (your child's first name and last name), who is enrolled at (name of school).

I have read the Evaluation and Planning Team's Report and disagree with your evaluation of (child's first name). I am requesting an independent evaluation of (child's first name) at public expense.

Thank you. I look forward to hearing from you soon.

Sincerely,

(Your Name)
(Address)
(Telephone Number)

cc: (send a copy to Appropriate School Personnel or Special Educator)

