Date

(Address/Phone of Public School child would attend)

Dear Special Education Coordinator:

My child, *(first and last name),* has a history of learning difficulties. He/she is now in \_\_\_\_ grade at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ school, a private school, and has been a student here for \_\_\_\_ years. I am concerned about my child because (*explain in detail the learning difficulties you observe your child experiences*).

The teacher (and/or the school) also has the following concerns about my child: (*include as much information as the teacher can provide about his/her concerns, interventions, etc. about the student*.) (*Cut and paste the teacher’s comments from an email or just include a letter from the teacher. The more information you can provide the better evidence of why you are requesting testing.)*

I am requesting that my child be evaluated to find out if my child has a possible disability that is impacting their success in school.

I understand this information will be reviewed and that I will be informed as to what the next step in this process will be. I look forward to hearing from you. I am available by phone *(name the days and times)*.

Sincerely,

Parent signature

Parent name, address, phone number (*very important to verify home address!)*