

SAMPLE LETTER FOR INITIAL CASE STUDY EVALUATION

Notes on use:

- Always send in written form and try to hand deliver (or at a minimum certify mail) this request
- Always confirm receipt of this request
- School must contact you within 10 days if the request is in order
- If declined, response should be formalized in writing with rationale and copy of parent's rights

Date

Name of Administrative School Contact

Name of School

Street Address

City, State Zip Code

Name of Administrative School Contact:

We are the parents of **CHILDS NAME (DOB or STUDENT ID NUMBER)**, a student attending **SCHOOL**.

We are requesting an initial case study evaluation to determine if **CHILD** is eligible for special education services.

The reasons for this request include:

- Difficulty in school, specifically **LIST AREA OF SCHOOL NEED** which has been observed for **DURATION OF EDUCATIONALLY RELEVANT SYMPTOM**
- **ADD OTHER INFORMATION RELATED TO REQUEST HERE**

OPTIONAL: To date, we are aware of the following interventions that have been employed to assist **CHILD** in school:

OPTIONAL: **CHILD** maintains a diagnosis of **LIST DIAGNOSIS/DIAGNOSES HERE** which impact his/her education at **SCHOOL**.

OPTIONAL: **CHILD** has been evaluated by **THIRD PARTY** and we wish the referral team to fully consider the findings and recommendations outlined in the attached evaluation.

Please forward forms related to release of confidential information so **CHILD's** service providers in the community are included in this process.

Please contact us to discuss the next steps in this process, including any dates which might be set aside for **CHILD's** domain meeting.

We look forward to working with the school team on **CHILD's** behalf.

Sincerely,

SIGNATURE

DATE

Parents
Address
City, State Zip Code
Phone

(if child is subject to joint custody, complete with both parental signatures)

SIGNATURE

DATE

Parents
Address
City, State Zip Code
Phone

Att: **SUPPORTING DOCUMENTATION**