

Caregiver Name

Address

Date

To Whom it May Concern:

As the parent/guardian of [student name - DOB], pursuant to title 5-E, Sec. 3004.1 of D.C. Municipal Regulations and in consultation with my child's pediatrician, I am requesting a special education evaluation for my child. I am specifically concerned about [name specific concerns and provide a brief summary here: i.e inattention, language, processing difficulties etc], and how these areas of need impact [patient's name]'s ability to access appropriate educational services.

Optional: In addition, [patient name] has a medical diagnosis of [be sure to name any medical diagnoses and date of diagnosis that the school should be aware of as well i.e. ADHD, autism, cerebral palsy, down syndrome etc.], which may inform the evaluation process.

In order to obtain a complete picture of [patient's name]'s strengths and needs within the school setting, I am requesting achievement, cognitive, psychological, behavioral, speech and language, home/social history, as well as occupational therapy evaluations to be conducted by the school district.

Additionally, my child is an English Language Learner and most commonly speaks [STUDENT LANGUAGE] in the home setting. In order to determine if my child's difficulty in accessing the general education curriculum is a result of a disability or their English Language Acquisition I would like assessments to be completed in my child's primary language.

I understand that the school team will need to hold an Analyzing Existing Data (AED) meeting within 30 calendar days. **I am requesting to be present at the AED meeting to review and discuss this data. Given that [language] is my primary language, I request that an interpreter be present for the AED meeting.**

Thank you for your prompt consideration of this matter. I am happy to assist this process in any way possible.

Sincerely,

Caregiver #1 Name

Caregiver #1 Phone Number

Caregiver #2 Name

Caregiver #2 Phone Number

If you have any questions you can also contact:

[Pediatrician Name]

Children's National -Columbia Heights

3336 14th St NW

Washington, DC 20010

Tel: 202-476-5580

Fax: 202-476-7611