

Caregiver Name

Address

Date

To Whom it May Concern:

As the parent/guardian of [student name - DOB], pursuant to COMAR Sec. 13a.05.01.04 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 am requesting the school's response within 10 school days regarding this matter. 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