

**Parent Request Letter (SL-1)**

Parent address  
Parent phone number (home and work)  
Date

Director of Special Education/LEA's name  
School District Address

Dear LEA's name;

I am the parent of child's full name whose date of birth is month/day/year.  
Your child's first name is in the \_\_\_\_\_ grade in room number \_\_\_\_\_. My child is not doing well in school, and I am requesting that an evaluation be conducted to determine what the problems are and how they can be addressed. I understand that I am a member of my child's multidisciplinary team and I wish to give input to the team. Please let me know how I can participate in this process.

I look forward to the school district providing me with a notice of my parental rights and a "Permission to Evaluate" form for me to sign. I understand that the evaluation must be completed and a report issued within 60 school days after the school district receives my signed Permission to Evaluate form.

Please contact me if you require any further information.

Thank you.

Sincerely,

Parent's name  
Address  
Phone #

Notes: