

Date

Special Education Director's Name

School Name

School Address

Dear Special Educator's Name:

I strongly suspect that my child, (son or daughter's name) may have a written language disorder or ADHD that is negatively impacting (his/her) ability to learn, and I am writing to request that my (son/daughter), (son or daughter's name), be assessed by the school to see if a reading/spelling disorder exists and whether (he/she) qualifies for any special education services under the Individuals with Disabilities Education Act (IDEA) and/or whether (child's name) qualifies for a 504 plan under the Rehabilitation Act.

(Child's name) is in the () grade and is struggling learning to read and spell. I feel that (he/she) may have a learning disability involving learning to read and spell, and (he/she) will probably need extra services to help (him/her) become a fluent reader who can comprehend at grade level. In addition to an assessment for a reading disability, I am also requesting that (child's name) be tested in all other areas, including for ADHD, to be sure there are no other disabilities affecting my child's ability to learn.

I understand that the school has 15 days to create an assessment plan and 15 days for (me or us) to sign that plan. It is my understanding that the school then has 60 days to complete the assessment and to have an IEP meeting to discuss the results and offer services if my child qualifies.

Thank you for your prompt attention to this matter. I look forward to receiving the assessment plan within the next 15 days.

Sincerely,

(Parents/parent name)

Cc: School principal's name