



# Sample Special Education Request for Eligibility Assessment

Mr. Tomas Class, Director of Special Education  
My Town Unified School District  
123 School Bus Lane, My Town, CA 11111

My Child's Name: *David Doe* Date of Birth: 7.2.2005  
Address: 5555 Lane Street, My Town, CA 11111  
Telephone: (444) 444-4444

Date: 10.01.12

Dear Mr. Class,

**I am writing to refer my child for assessment to determine eligibility for special education services and support.**

**Current School/Child Care Setting:** *Sunshine Center Day Care*

**Reason for Referral:** *David's day care provider thinks he learns slower than the other children. He cries a lot and sometimes refuses to participate in class. He also tantrums for long periods of time. David was recently diagnosed with epilepsy and has been started on a medicine that makes him sleepy. His neurologist suggested that I get him assessed.*

**I request that the Local Unified School District assess my child in all areas of suspected disability for an Individualized Education Program or for accommodations or program modifications under Section 504, including:**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Cognitive Development/Thinking Strategies | <input checked="" type="checkbox"/> Motor/Perceptual Development          |
| <input checked="" type="checkbox"/> Communication Development                 | <input checked="" type="checkbox"/> Social/Emotional/Adaptive Behavior    |
| <input checked="" type="checkbox"/> Educational/Academic                      | <input checked="" type="checkbox"/> Other: Any other areas that may apply |

**I understand that:**

- **All children are entitled to a free appropriate public education in the least restrictive environment.**
- **I will receive an assessment plan within 15 days.**
- **No assessment can be done until I sign and return the assessment plan to you.**
- **The IEP will be scheduled within 60 days after the signed plan is returned.**

**I would like copies of all assessment reports prior to the IEP meeting.**

**I have enclosed the following:**

- Signed HIPPA release form for my doctor
- Copies of completed evaluation components, including dates and results
- Medical summary
- Other relevant assessments, notes, and reports

Sincerely,

*Joe Doe*

Revised: 11.15.13