

REQUESTING ADDITIONAL TESTING

(Be sure to keep a copy for your records)

(Date)

(Name of Director or Supervisor of Special Education)

(Name of School)

(Address of School)

Dear (Name of Director or Supervisor):

I am the parent of (name of student). I have studied the reports of the school's assessment of my child and feel that (he/she) was not evaluated in every area of (list areas needing further testing).

Thank you for your help. I look forward to hearing from you by (insert date one week from date you mail the letter) if you do not plan to consider my request. Otherwise, please contact me so that we can arrange a time and a place to further discuss additional testing for (name of student).

Sincerely,

(Parent's name
and address)

cc: (School Principal)