

REQUEST FOR EVALUATION OF CHILD NOT IN SCHOOL (AGE 0-3)

(Be sure to keep a copy for your records)

(Date)

(Name of First Steps Coordinator, if known)

Child Search Coordinator

(Name of Parish and Address)

RE: Request for evaluation for special education services

Dear (Name of Coordinator):

I would like my child (name of child) to be evaluated for special education services. (Describe reasons you believe the child may need special education. See example below.)

It is my understanding that the parish will evaluate (name of child) at no charge to me, within forty-five calendar days of receiving my referral for evaluation. Please forward any necessary forms to me within ten working days, and I will complete and return them as soon as possible. If you need any further information, or would like to meet with me, please let me know. My telephone number is (telephone number).

Sincerely,

(Parent's name
and address)

Example:

1. Joseph is two years old and has Down Syndrome. He has received specialized services and intensive therapy in another state since birth. Since he is approaching pre-school age, we would like him to be evaluated for special education services.

REQUEST FOR EVALUATION FOR EARLY INTERVENTION (AGE 0-3)

(Be sure to keep a copy for your records)

(Date)

(Name of Parish and Address)

RE: Request for evaluation for early intervention

Dear (Name of Coordinator):

I would like my child (name of child) to be evaluated for early intervention services. (Describe reasons you believe the child may need early intervention. See examples below.)

It is my understanding that the parish will evaluate (name of child) at no charge to me, within forty-five calendar days of receiving my referral for evaluation. Please forward any necessary forms to me within ten working days, and I will complete and return them as soon as possible. If you need any further information, or would like to meet with me, please let me know. My telephone number is (telephone number).

Sincerely,

(Parent's name
and address)

Examples:

1. Susan is two months old and has spina bifida.
2. Josh is twelve months old and seems to be significantly delayed in his development. He just learned to sit up and cannot yet crawl.

REQUEST FOR SAT (Student Assistance Team) or STARS (Schools and Teachers Achieving Results for Students Team) REVIEW OF CHILD ALREADY IN SCHOOL

(Be sure to keep a copy for your records)

(Date)

(Name of Principal)

(Name of School and Address)

Dear (Name of Principal):

I am the parent of (name of student). My child is having problems with (his/her) schoolwork. (brief summary of problems – see examples below). I suspect these problems may be caused by a disability that would entitle (him/her) to special education services. I would like you to review (child's name) situation at your next School Building Level Committee meeting. I have already discussed (child's name)'s problems with (his/her) teacher(s) (name of teachers), who can provide the committee with information about (his/her) performance in the classroom.

It is my understanding that the SAT/STARS meets regularly to review student problems and to either make suggestions for solving them within the classroom, or to refer the child for an evaluation for special education services. I would like to be notified in writing within five school days whether (child's name) will be referred for SAT/STARS review and, if so, when the meeting is scheduled. I will be happy to provide any additional information which you or the committee believes necessary.

Sincerely,

(Parent's name and address)

cc: Child's teacher(s)

Examples:

1. He has a short attention span and cannot sit still. He was described as "borderline" hyperactive when he was younger. I am concerned that he has some sort of learning disability or behavior problem which is preventing him from applying himself to his schoolwork.
2. She has great difficulty with reading and writing, but can remember anything she is told and repeat it back verbally. I am concerned that she has a learning disability which is causing her to fail with her written school work.
3. He has had a very difficult time learning ever since he injured his head last year. He doctors say he may have some brain injury. His grades have gone down, despite efforts to provide extra help. I am concerned that he needs even more specialized testing to understand what is causing his problems.

IF INITIAL REQUEST FOR SAT (Student Assistance Team) or STARS (Schools and Teachers Achieving Results for Students Team) REVIEW IS IGNORED OR DENIED

(Be sure to keep a copy for your records)

(Date)

(Name of Special Education Supervisor, if known)

Special Education Supervisor

(Name of Parish)

(Address)

Dear (Name of Supervisor, if known)

I am the parent of (child's name), who is a student at (name of school). On (date) I made a written request to (name of principal) asking that (child's name) situation be reviewed at the next SAT/STARS meeting. A copy of that letter is enclosed. (Facts about unsatisfactory response, or failure to respond – see examples below).

It is my understanding that all children suspected of having disabilities are entitled to a timely SAT/STARS review, and if appropriate, a referral for an evaluation for special education. I am concerned that this process begin as soon as possible so that (child's name) problems can be appropriately addressed in a timely manner before they become worse.

Please review this matter, and advise me in writing within five working days of your conclusions. I will be glad to provide any additional information that may be needed.

Sincerely,

(Parent's name and address)

cc: (Principal's name)

Examples:

1. In the month since that letter was sent. I have received no response from (principal's name). (Child's name)'s teacher says s/he has not been asked for any referral information regarding (child's name), and that (s/he) s continuing to have serious problems in the classroom.
2. (Principal's name) responded by telephone, and told me that (child's name)'s case is not serious enough to justify a review at this time. (Child's name) continues (to make poor grades) and/or (to have behavior problems which result in disciplinary actions).

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)

REQUESTING AN INDEPENDENT EVALUATION

(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 do not feel that the school system's assessment of (name of student) dated (date of evaluation) is appropriate and I am requesting an independent evaluation.

Please tell me in writing of the criteria under which the independent assessment must be conducted so that it meets the criteria the school uses in its assessment. Also, please tell me in writing where I may obtain an independent evaluation for my child.

I understand that the school district must pay for the independent assessment unless it requests a hearing to prove that its assessment was appropriate. I will send you the results of the independent evaluation. I understand that it must be considered in any future decisions about my child's education.

Thank you for your help. I look forward to hearing from you within five school days of the date you receive this letter.

Sincerely,

(Parent's name and address)

cc: (School Principal)

REQUESTING RE-EVALUATION
(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 recently reviewed my child's assessment and I believe it is out-of-date. I request that (name of student) be re-evaluated.

Thank you for your help. I look forward to hearing from you within five school days of the date you receive this letter if you do not plan to consider my request. Otherwise, please contact me so we can arrange a time and a place to further discuss (name of student)'s re-evaluation.

Sincerely,

(Parent's name and address)

cc: (School Principal)

ASSISTIVE TECHNOLOGY REQUEST

(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 with respect to (his/her) need for assistive technology devices and services. I therefore request that an assessment of those needs be conducted as soon as possible.

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 evaluation of (name of student)'s need for assistive technology.

Sincerely,

(Parent's name
and address)

cc: (School Principal)

IEP MEETING REQUEST
(Be sure to keep a copy for your records)

(Date)

(Name of Principal)
(Name of School)
(Address of School)

Dear (Name of Principal):

I am the parent of (name of student). I recently reviewed my child's IEP and I believe it needs to be changed. I request that an IEP committee meeting be held as soon as possible.

Thank you for your help. I look forward to hearing from you within ten school days of the date you receive this letter so we can arrange a time for the meeting.

Sincerely,

(Parent's name
and address)

cc: (Supervisor or Director of Special Education)

SECTION 504 EVALUATION REQUEST
(Be sure to keep a copy for your records)

(Date)

(Name of Superintendent or Section 504 Coordinator)
(Name of School System)
(Address)

Dear (Name of Superintendent Coordinator)

I am the parent of (name of student). I believe that s/he needs to be evaluated for services under Section 504 of the Rehabilitation of Act of 1973.

I believe my child needs this evaluation because (give reasons) (see examples below).

I understand that the school must conduct a Section 504 evaluation of the needs of children with disabilities and devise appropriate programs for them, even if they are not eligible for special education under IDEA.

Thank you for your help. I look forward to hearing from you within five school days of the date you receive this letter.

Sincerely,

(Parent's name
and address)

cc: (School Principal)

Examples:

1. Amy has an orthopedic impairment which limits her use of her hands. She needs accommodation in order to participate in a regular classroom.
2. Brian has been diagnosed as having ADHD. Because of this disability, he may need a specialized program.

CONFIRMING CONVERSATION WITH SCHOOL OFFICIAL

(Be sure to keep a copy for your records)

(Date)

(Name of person with whom you spoke)

(Title)

(Address)

Re: (Child's name)

(School)

(Date of birth)

Dear (Name):

This is to confirm my conversation with you on (date) concerning (subject discussed). I understand from you that (describe agreements reached in conversation).

I look forward to seeing you at the Individualized Education Plan (IEP) meeting.

Sincerely,

(Parent's name and address)

Example:

1. This is to confirm my conversation with you on March 19, 1992 concerning the continuing need for school bus transportation for my son who is hearing impaired. I understand from you that David will continue to receive transportation to and from school until the March 21, 1992 IEP meeting. At the meeting the need for continuing transportation will be discussed.

REQUESTING YOUR CHILD'S RECORDS

(Be sure to keep a copy for your records)

(Date)

(Name of Principal)

(School)

(Address)

Dear (Name of Principal):

I am the parent of (name of student), a special education student at your school. Please inform me in writing of the types and location of all past and present education records concerning (name of student). Please inform me where all these records are kept and whom I should contact so I can review them.

If you need to speak with me I can be reached at (telephone number) during working hours.

Thank you for your assistance. I look forward to hearing from you within ten days.

Sincerely,

(Parent's name
and address)

LETTER EXPRESSING BEHAVIOR CONCERNS

(This letter does not have to be typed but it must be signed by you. Be sure to keep a copy for your records.)

(Date)

(Name of Principal)
(Name of School)
(Address of School)

Dear (Name of Principal):

I am the parent of (your child's complete name), a student at your school. I am writing to ask for your advice and assistance in helping my child to work through some problem behaviors. I think these behaviors are keeping my child from doing his/her best at school. (Give some reasons why you are concerned, i.e. fights, short attention, anger, etc.)

I would like to meet with you to discuss these concerns. You may reach me at telephone number) during working hours.

Thank you for your assistance. I look forward to hearing from you by telephone or mail within ten days.

Sincerely,

(Parent's name and address)

cc: Pyramid Community Parent Resource Center

**ACTION TAKEN WITHOUT NOTICE OR CONSENT/DISAGREEMENT WITH
ACTION**

(Be sure to keep a copy for your records)

(Date)

(Name, if known)
(Director or Supervisor of Special Education)
(Address)

Re: (Name of child, Name of school)
Actions taken without notice

Dear (name, if known):

On (date) I discovered that (describe action) was taken without any notice to me, and without my having given consent for it. It is my understanding that I have a right under special education law to prior notice, and must provide formal written consent before any such action is taken.

I do not consent to (action taken) and request that (matters be immediately returned to the way they were) before this illegal action was taken. I will be glad to meet with appropriate personnel to discuss this matter once I am given appropriate advance notice. If (the action taken) is not immediately suspended. I will seek a remedy through complaint management and/or due process proceedings.

Even if (the action complained of) is suspended, I would ask that you investigate this matter, and take appropriate action to remedy this violation of my child's rights. At a minimum, I would ask for a finding or admission that notice and consent were required but not given, that the action was therefore illegal and must be suspended, and a description of actions taken to insure that this will not happen in the future.

I look forward to hearing from you in writing within ten days of the date of this letter. Please contact me if you require any further information.

Sincerely,

(Parent's name
and address)

REQUESTING ADMINISTRATIVE COMPLAINT INVESTIGATION

(Be sure to keep a copy for your records)

(Date)

(Your Name)

(Your Address)

(Your Phone Number)

Louisiana Department of Education

P.O. Box 94064

Baton Rouge, LA 70804-9064

Fax: 225-342-1197

Attention: Legal Division

RE: (Student's Name)

(Student's Date of Birth)

(School and School District)

Dear Sir or Madam;

I would like to request an administrative complaint investigation because the school has violated special education laws. (Describe the situation. State the facts of your case.)

Sincerely,

(Your signature)

cc: Pyramid Community Parent Resource Center

(School Principal)

(School Superintendent)

