

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.