

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)