month, day, and year]

Your Full Return Address

Mr. John Doe, Director of Special Education Local School District Office Address City, State, Zip Code

Dear Mr. Doe:

I am writing to request that my son/daughter, [child's full name], be evaluated for special education services. He/She is in [teacher's name] class at [name of school].

[In this paragraph, describe the problems your child is having. Don't use labels, such as "I think Charlie is dyslexic." Instead, be as specific as you can about your child's struggles. Here are a few examples:

• Gia can read the words in the book but can't remember what she's read, so she can't answer Thank you for your attention to this matter. I look forward to working together to ensure that my child's needs are met at school and at home. If you have any questions or need additional information, I can be contacted at [list home and/or work phone numbers].

Sincerely,

Your Full Name

Cc: Ms. Mary Smith, Principal School's Name Address City, State, Zip Code