

This is an EHR-generated letter to document a request for services from a child's school.

Principal's Name  
School Name  
School Address

**Reference:** Student's Name  
**DOB:** Student's date of birth  
**School:** Name of School and enrolled grade

Dear XXXXXXX:

I am writing on behalf of **PARENT'S NAME** to request that your school district conduct a special education **evaluation (OR RE-EVALUATION)** for her **DAUGHTER/SON**.

**STUDENT'S NAME** has been my patient for the past **LENGTH OF TIME** and I am familiar with her educational difficulties. **PARENT'S NAME** has informed me that **(provide parent information on problems)** I have also observed **(provide any observations you may have regarding the problems including specifics such as grades, test scores, or other relevant information from child's school and or medical records)**

For the above reasons, I believe that it is crucial for **CHILD'S NAME** to be **evaluated (OR RE-EVALUATED)** to determine her eligibility for special education services. I believe that an individualized education plan will enable her be more successful in school. I understand that to proceed with the evaluation, you will need to first meet with the parent to develop an evaluation plan. Please feel free to contact me at **PHONE NUMBER/EMAIL ADDRESS** if you need more information to enable you develop the evaluation plan. I have attached a signed release of information form.

Please let me know how you intend to proceed with this request. Thank you very much for your kind assistance.

Sincerely,

**Your name**  
**Your Title**

**C: PARENT'S NAME**  
**DISTRICT'S SPECIAL ED DIRECTOR**