

Dear Mr/Ms. [name]:

I would like to request an evaluation of my son/daughter [full name and student ID# or date of birth] for his/her eligibility for special education provisions (IDEA) and/or [Section 504 accommodations](#). I have been concerned that he/she is not progressing well in school and that he/she may need some special help in order to learn. He/she is in the [grade level and name of current teacher].

During the last two years, both of his classroom teachers have noted that he has substantial problems completing assignments, problems with excessive motor behavior, and impulsivity. Please note that Dr. Verywell Qualified [your doctor's name] has recently evaluated and diagnosed my son/daughter as having Attention-Deficit Hyperactivity Disorder. Because Dr. Verywell Qualified [your doctor's name] was concerned that his/her ADHD was resulting in decreased alertness and impairment in school performance and learning, he/she requested us to pursue these school-based evaluations, in order to get my son/daughter the help he/she needs.

I understand that the evaluation is to be provided at no charge to me. My reasons for requesting the process are [keep this paragraph short, but give one or two reasons for your concern about your child].

I would appreciate meeting with each person who will be doing the evaluation before he/she tests my child so that I might share information about [child's name] with him/her. I will also expect a copy of the written report generated by each evaluation so that I might review it before the [IEP or 504 Plan] meeting.

It is my understanding that I have to provide written permission for these tests to be administered, and I will be happy to do so upon receipt of the proper forms and explanation of the process.

Please contact me at your earliest convenience so that we may begin the next steps in planning for an evaluation.

Sincerely,

*Parent*