Date

Your Name
Street Address
City, State, Zip Code

Name of Principal or School Psychologist Name of School
Street Address
City, State, Zip Code

RE: Educational Evaluation Request

CC: FILE

Dear (School Psychologist Name),

This is (parent name), and my foster child (name) is enrolled at (school name). Over the past few days I have reviewed my child’s educational records. Based on that review I am concerned that my child may have a disability that is impacting their ability to access the school’s educational program. I believe that comprehensive evaluations are needed to assist the school in determining if my child has a disability that requires specially designed instruction or an IEP.

To determine potential eligibility for Special Education services, please accept this letter as my informed consent for an evaluation to be conducted by a Multidisciplinary Team. I understand that a comprehensive evaluation will include a variety of tests and methods, which may include:

· A thorough review of my child's prior school records and current level of achievement in the present educational setting.

· A psychological evaluation, which may consist of both formal and informal assessments to determine my child’s functioning level in the areas of intelligence, visual-motor coordination, social/emotional development, functional behavior, and/or academic achievement.

· An evaluation of my child’s learning and achievement, which includes tests to measure my child’s academic skills.

· Observations of my child across all school environments, which may include structured and unstructured times such as:

 -Observations of my child’s learning environment, which may include observations of my child’s interaction in the classroom environment, including physical environment and learning style.

 -Observations in PE, music, technology, lunch, assemblies, fire drills, and recess time.

· A review of my child’s medical history and current health status to determine if any current or past medical problem is having a significant impact on my child's school performance.

· Gathering my input as a parent regarding my child’s health, development and educational history, which may be gathered through survey, interview or records from other agencies (e.g. medical).

· A language evaluation, to determine my child's proficiency levels and abilities in the areas of receptive, expressive and pragmatic language, as well as their functional communication skills.

· A Speech evaluation: To determine the nature and extent of my child's speech abilities, including such skills as articulation of speech sounds, voice, and/or fluency.

· An assessment of my child's adaptive behavior which may include an assessment of both in-school and out-of-school behavior and how the environment affects my child’s ability to learn, including adaptive behavior (how my child functions independently and meets standards of personal and social responsibility) and cultural background.

· An assessment to determine if my child meets the criteria as a student with Autism in an educational context.

· A related services evaluation, to determine eligibility or the need for additional services required for my child to benefit from special education. Areas to be assessed should include:

o A Functional Behavior Assessment(FBA)/ Behavior Intervention Plan (BIP)

o An Occupational Therapy Evaluation

o A Physical Therapy Evaluation

By signing this letter, I hereby give consent for (School District Name) personnel to conduct the evaluation(s) described above. I understand that the school district has 60 days from the date I provide this informed written consent to complete the evaluation(s) and conduct a Multidisciplinary Evaluation Team meeting to determine eligibility. If there are other forms that the district needs me to fill out in order to authorize the evaluation, I please request that you send these to me within 48 hours so that we can expedite this process.

Thank you for your prompt attention to my request.

Sincerely,

Name Here

CC: Principal, OT Therapist, Speech Therapist, Class Teacher(s), Special Education Teacher (for grade level), & anyone else you invited to the meeting