
Date

_____ Public Schools

To Whom It May Concern:

As the parent/guardian of _____, I am requesting a Team evaluation for my child.

I am concerned about the following areas in which my child is experiencing difficulties:

- | | |
|-----------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Behavioral | <input type="checkbox"/> ADHD Diagnosis |
| <input type="checkbox"/> Speech | <input type="checkbox"/> Autism Diagnosis |
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> ABA |
| <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Executive Functioning |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> _____ |

I understand that a consent form, describing the evaluation procedure, will be provided to me within five (5) school days of this request. I further understand that the evaluation will be completed within thirty (30) school days and that a team meeting will take place within forty-five (45) school days of my consent to the evaluation.

I would appreciate meeting with the Educational Team Leader before the testing begins so that I can share important information about my child and learn more about the testing process. In addition, I would like to review a written copy of the assessments performed on my child 2 days prior to the Team Meeting.

Please note I will need a trained _____ speaking interpreter.

Thank you for your prompt consideration of this matter. I am happy to assist in this process.

If you have any questions, please contact me at _____.

Sincerely,

Signature of parent/guardian

Printed name of parent/guardian

Address

Phone number