Your Name

Your street address

City, State Zip

Today’s date

Name of school principal

Name of school

Address

City, State Zip

Dear Select a title Principal’s last name,

I am writing to request that my select child, child’s name, be evaluated for special education services. I am worried that child’s name is not doing well in school and believe select pronoun may need special services to learn. Child’s name is in the select grade grade at name of school. Teacher’s name is select prounoun teacher.

Child’s name has been diagnosed with diagnosis by physician’s name. Enclosed is a copy of the reports I have received that explain child’s name‘s condition.

Specifically, I am concerned because Child’s name experiences frequent Migraine attacks that cause select pronoun to miss class or have difficulty concentrating during class. These attacks cause severe pain, nausea and vomiting, sensitivity to light and sound. During Migraine attacks, select prounoun has difficulty seeing, speaking, and understanding verbal instructions and cannot concentrate or focus. This makes it very difficult to complete assignments, take tests, or even sit through a lesson. When select prounoun has a Migraine attack after school, completing homework or studying for tests is impossible.

We have tried the following to help Child’s name: list of what has already been tried at home and in the classroom.

I would be happy to talk with you about child’s name. You can send information to the address listed above or to your email address. You may also call me at your phone number. Thank you for your prompt attention to my request.

Sincerely,

Your name

cc: name of teacher, name of physician, name of psychologist or social worker, anyone else you send a copy to