Date:

School Name:

School Address:

Child’s Name:

Child’s Date of Birth:

Dear Special Education Coordinator:

I am referring the above-named child for special education assessment(s). My child lives within the

boundaries of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District. The following assessment(s)

 Name of the School District

is(are) needed at this time based on the following needs:

\_\_\_\_ Psychoeducational asseesment because child demonstrates the following delays:

\_\_\_\_ Speech and language assessment because child demonstrates the following delays:

\_\_\_\_ Physical therapy assessment because child demonstrates the following delays:

\_\_\_\_ Occupational therapy assessment because child demonstrates the following delays:

­Accordingly, please forward a proposed assessment plan to me within fifteen (15) calendar days. Educ. Code §§ 56043(a) and 56321(a). If you have any further questions regarding this correspondence, do not hesitate to contact me.

 Education Rights Holder Name:

 Address:

 Phone Number: