

# SAMPLE LETTER REQUESTING EVALUATION

Send to a copy to the principal, the guidance counselor, and keep one for your own files.

Your address

Your phone # at home

Your phone # at work

Date

Principal's name

School name

School address

Dear Principal's name:

I am the parent of your child's full name whose date of birth is month/day/year. Your child's name is in the number grade in room number. I am requesting that a multidisciplinary evaluation be carried out to determine if my child is gifted. I understand that I am a member of my child's multidisciplinary team, and I wish to give input to the team. Please let me know how I can participate in this process.

I look forward to the school district providing me with a notice of my parental rights and a "Permission to Evaluate" form for me to sign. I understand that the evaluation must be completed within 45 school days after the district receives my signed Permission to Evaluate form and a report will be provided to me within 15 school days after the evaluation is complete.

Please contact me if you require any further information. Thank you.

Sincerely,

Your name