A PROJECT OF THE DISABILITIES LAW PROGRAM

OF COMMUNITY LEGAL AID SOCIETY, INC.

Transition to Adulthood:

What you need to know as an individual with a disability.

Middle & High School Rights

for Delaware Transition-Age Youth and Their Families

MADE POSSIBLE WITH SUPPORT FROM

THE DELAWARE DEVELOPMENTAL DISABILITIES COUNCIL

***SAMPLE – EVALUATION FOR SPECIAL EDUCATION/504 ELIGIBILITY REQUEST LETTER***

*This sample letter and instructions is not intended to be legal advice. Remember that every person’s situation will be different. For questions on your specific situation, you may apply for free legal assistance from Community Legal Aid Society, Inc. (CLASI).*

*Visit CLASI on the web at www.declasi.org or*

*contact us at one of our three office locations:*

New Castle County

302-575-0660

302-575-0696 (TTY/TDD)

Kent County

Dover, DE 19904

302-674-8500 (TTY/TDD Also)

Sussex County

302-856-0038 (TTY/TDD Also)

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your name & address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_, 20\_\_

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Principal or Director of Special Education

Name & address

To Whom It May Concern:

I am requesting a special education evaluation for my child (or self if 18+), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, pursuant to the Individuals with Disabilities Education Act (IDEA) and Section 504 of the Rehabilitation Act. Please consider this letter my full consent, as my child’s parent and/or guardian, to evaluate him/her in accordance with the IDEA and Section 504 of the Rehabilitation Act.

My child has the following diagnosis / diagnoses or symptoms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

As a result of my child’s problems, my child has experienced significant difficulties and I believe that s/he would benefit from a specialized supports in school. My specific concerns are: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Check one:

* I understand that the school has 45 school days or 90 calendar days to evaluate my child and hold an eligibility meeting.
* Because my child is currently subject to discipline (suspension, expulsion, or alternative school), I would like this evaluation to be expedited pursuant to 34 CFR Section 300.534(d)(2)(i).

Please contact me at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ if you have any questions or need additional information. Thank you.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your signature