

# Records and Tools

Phone Log			
I Spoke With	Phone Number	Date	What We Discussed

Referral for Special Education  
Request for Evaluation

Date: \_\_\_\_\_

\_\_\_\_\_  
Director of Special Education

\_\_\_\_\_  
School District

\_\_\_\_\_  
School

Dear: \_\_\_\_\_ (Director of Special Education)

Re: \_\_\_\_\_ (Child's name)  
\_\_\_\_\_ (Date of Birth)

I am writing to refer my child to the Committee on special education. I am requesting a special education assessment in all areas of suspected disability and specifically in the following areas: \_\_\_\_\_

Some of my concerns are based on: \_\_\_\_\_

If the school district agrees to evaluate my child, I understand I will be presented with a written evaluation plan within fifteen (15) days and that the plan will identify for me the tests to be given, dates for the tests, and the names of the persons who will administer the tests, as well as explanations of the tests and their purposes.

Sincerely,

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone Number

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Request for an Independent Educational Evaluation

Date: \_\_\_\_\_

\_\_\_\_\_  
Director of Special Education/Principal

\_\_\_\_\_  
School District

\_\_\_\_\_  
School

Re: \_\_\_\_\_  
          (Child's Name)  
      \_\_\_\_\_  
          (Date of Birth)  
      \_\_\_\_\_  
          (School)

Dear: \_\_\_\_\_  
          (Director of Special Education)

I am requesting an Independent Educational Evaluation because I believe the results of my child's School District Assessments are inaccurate or incomplete. Because the results of these assessments are flawed in their accuracy or completeness they are not sufficient to guide the IEP team to an appropriate identification of disability, services, or placement.

Of my child's current assessments, I disagree with the following:

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

Sincerely,

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone Number

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

### Request for School Records

Date: \_\_\_\_\_

\_\_\_\_\_  
Director of Special Education or Principal

\_\_\_\_\_  
School District

\_\_\_\_\_  
School

Re: \_\_\_\_\_  
(Child's name)

\_\_\_\_\_  
(Date of Birth)

\_\_\_\_\_  
(School)

Dear: \_\_\_\_\_  
(Director of Special Education or Principal)

I am developing a personal home file for my Child's Special Education information. I am requesting a complete copy of all school records, cumulative and confidential, within the school district that contains my child's name, \_\_\_\_\_.

Please include copies of all evaluations and actual test scores, the Cumulative Record, Health Record, Discipline Record, Psychological Record, Confidential Record, Assessments, Individual Educational Plans, and Teacher Record.

If the school district charges a fee for this service, please alert me as soon as possible. If you have any questions about my request contact me at \_\_\_\_\_.

Sincerely,

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone Number

Received by: \_\_\_\_\_ Date: \_\_\_\_\_