Today’s Date (include month, day, and year)

Your Name

Street Address

City, State, Zip Code

Daytime telephone number

Name of Principal or Special Education Administrator

Name of School

Street Address

City, State, Zip Code

Dear (Principal’s or Administrator’s name),

I am writing to request that my son/daughter, (child’s name), be evaluated

for Assistive Technology services. I am worried that (child’s name) is not doing

well in school and believe he/she may need additional special services in order to make adequate academic progress.

(Child’s name) is in the ( \_ ) grade at (name of school). (Teacher’s name) is

his/her teacher.

You can send me information or call me during the day at (daytime telephone number).

Thank you for your prompt attention to my request.

Sincerely,

Your name

cc: your child’s principal (if letter is addressed to an administrator)

your child’s teacher(s)