

[Parent/Guardian Name]
[Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

[Principal Name] or [Special Education Coordinator Name]
[School Name]
[School Address]

RE: Request for Evaluation and Accommodations for [Student Name]

Dear [Principal or Coordinator Name],

I am writing to formally request a comprehensive evaluation for my child, [Student Name], who is currently enrolled in [Grade Level]. [Student Name] has been diagnosed with Pediatric Developmental Delay by [Name of Doctor/Clinic].

This diagnosis impacts [Student Name]'s ability to perform in the classroom, specifically in the areas of [list areas, e.g., speech/language, motor skills, social interaction, or cognitive processing].

Based on these needs, I am requesting an evaluation to determine eligibility for services under an Individualized Education Program (IEP) or a 504 Plan. Until the formal evaluation is complete, I request the following temporary accommodations be implemented to support [Student Name]'s learning:

- Extended time on assignments and assessments.
- Preferential seating near the teacher to minimize distractions.
- Use of visual schedules and clear, simplified instructions.
- [Insert additional specific accommodation]
- [Insert additional specific accommodation]

I have attached a letter from [Student's Pediatrician/Specialist] confirming the diagnosis and medical recommendations. I look forward to receiving the evaluation plan or a meeting date within the legally required timeframe.

Thank you for your time and for supporting [Student Name]'s education.

Sincerely,

[Parent/Guardian Signature]

[Parent/Guardian Printed Name]