

Crown Colony Pediatrics

Beata Brzozowska, M.D. | Barbara E. Angus, M.D. | Lisa Corkins, M.D.
Lisa Natkin, M.D. | Molly Urquhart, M.D.

Date of request: _____

To school special education department or educational team facilitator (ETF),

As the parent, I am formally requesting and IEP evaluation for my child.

_____, DOB _____.

I understand that the evaluation is to be provided at no charge to me, and a meeting should take place to discuss the results of the testing within 45 school days of my formal request.

Please provide me with the official school form to request the testing, and a copy of the dated request that I complete. I know that the process for testing will not begin until I sign the school request form.

I would also appreciate

- **Meeting** with the team chairperson before the testing to share information about my child.
- **Copies of a written** from each evaluator to review before the meeting.

***** If English is not parents' primary language please also request interpreter for IEP meeting & copies of testing and IEP proposal in family's native language.**

After discussion with my child's primary care health provider, I would like the assessment to include testing in the following areas:

_____ Speech and Language

_____ Occupational Therapy (fine motor skills, sensory integration)

_____ Physical Therapy (motor activities)

_____ Learning Disabilities

_____ Academic Testing

_____ Psychological Testing (intellectual abilities and emotional function)

_____ Other: _____

Thank you for your prompt attention to this matter. Please contact me with dates for meeting and testing as soon as possible.

Sincerely,

(Parent)

(Phone Number)