Request for Special Education Evaluation Through CPSE

[Date]

[Your Name]
[Address]
[City, State ZIP]

Adam O'Neill/Jennifer Ray
Director of Student Support Services/CPSE Chairperson
Tully Central School District
20 State St. Tully, NY 13159

Re: [Insert Child's Name & DOB]

Dear Director/CPSE Chairperson,

My child, (*insert child's name)*, is a preschool student (3-5 years). I believe that my child may have a disability that is impacting his/her success and participation in his/her daycare, preschool, home interactions, and activities. Here are some of the reasons I believe (*insert child's name)* needs to be evaluated:

- List reasons, in bullet format, why you [the parent/guardian] believe your child may have a disability

I am requesting that an evaluation be completed through the school district to see if preschool special education services are necessary and appropriate. I believe that an evaluation will better help us understand what is going on with (*insert child's name)* and will be useful for (*insert child's name)*, myself, and the school district.

I look forward to receiving a preschool evaluation form/packet. Please let me know if you require additional information to move forward with the evaluation.

Thank you for giving this your attention. I appreciate your help to support (*insert child's name)* to be successful in their education.

Sincerely,

[Your Name]