

APPENDIX D

Letter to Request a Multi-Factored Evaluation

Date you write your letter **(Include month, day and year)**

Your Name

Your Full Address

Full Name of Person to whom you are writing **(the Principal or the Special Education Director)**

Person's Title **(Principal, Special Education Director)**

Name of School

Full Address of School

Dear **(Use their title [Dr.; Mr.; Mrs.; Ms.] and last name):**

I am the parent of **(Your child's name)**, who is in the ____ grade at **(Name of school)**. My child is not performing successfully in the general education classroom. **(Briefly state your concerns; examples: failing grades; problems with friends at school; it takes a very long time for your child to complete homework; child comes home very upset; etc.)**

Under Ohio Administrative Code 3301-35-06, the general education teacher is required to do interventions to assist in my child's success. Since my child is still not performing successfully, I suspect he/she a disability. Under Child Find §300.125 in IDEA '97, I am requesting a complete Multi-Factored Evaluation.

Please consider my signature on this letter as my permission to test my child. It is my understanding that when a Multi-Factored Evaluation is requested, the school district is required to provide parents with their procedural safeguards. Please forward them to me at the above address.

Thank you for your attention to my request. I may be reached at **(Your daytime phone number)**. I will expect to hear from you within 5 school days of receipt of this letter.

Sincerely yours,

Your Full Name