Educational Evaluations
Is your child eligible for special education and related services?

An educational evaluation is the gathering of information necessary to evaluate your child’s abilities and need in areas such as:

- Speech and language abilities
- Emotional and social functioning
- Potential or aptitude (intelligence)
- Academic achievement
- Sensory functioning (e.g., vision and hearing)
- Vocational interests and ability
- Motor skills
- Functional skills

An educational evaluation may include:

- Formal & informal tests
- Observations
- Surveys
- Classroom work samples
- Parent input

Your child may be eligible for special education or Section 504 and related services if he/she:

- Has a disability diagnosis
- Is suspected of having a disability; and
- Is struggling in school.

A referral is a request to evaluate your child for the presence of a disability that prevents him from making progress in the general education curriculum without special help from the school. A referral can come from:

- A parent
- Your child’s teacher
- A community service provider, or
- A professional

The school must get informed written consent from a parent before conducting an educational evaluation. Once received, the evaluation and meeting to determine your child’s eligibility for special education and related services must take place within 45 school days or 90 calendar days, whichever comes first.

Whether your child attends a public or charter school, it is best to request the evaluation in writing and addressed to:

- Your child’s Principal;
- The school’s/district’s special education coordinator;
- The Educational Diagnostician; or
- Your child’s case manager

For more information visit www.picofdel.org/events or call 302-999-7394
Sample Letter to Request an Educational Evaluation

Month Day, Year (Current Date)

Specific Name, Title of Person (Mr. John Jones, Principal)
School Name
School Street Address
City, State, Zip

Dear Mr. xxxxx

I am requesting that my daughter/son xxxxx (include date of birth) be referred for an educational evaluation because I believe she/he may qualify for special education services under the IDEA or Section 504.

xxxx is having difficulty keeping up with her/his class work and has had problems with reading ever since xxxx grade. Now a xxx grader, I am concerned that he/she is not making measurable progress and may need more instruction and support in school.

Please, know that xxx was diagnosed with XXXXX

Kindly, inform me as soon as possible if you have a “consent to evaluate” form that I must sign so that you may begin the evaluation.

I look forward to receiving a response to my request within the 10 school days.

Further, let me know if you have any questions or need more information from me.

Thank you,

Your signature
Your printed name

Street Address
City, State, Zip
Phone number(s) with area code
Email address

Copy:

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