Parent Information Center of Delaware



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:
\square Speech and language abilities
☐ Emotional and social functioning
☐ Potential or aptitude (intelligence)
☐ Academic achievement
\Box Sensory functioning (e.g., vision and
hearing)
\Box Vocational interests and ability
□ Motor skills
☐ Functional skills
An educational evaluation may include:
☐ Formal & informal tests
□ Observations
\Box 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;
- $\bullet \quad \textit{The Educational Diagnostician; or} \\$
- Your child's case manager

Sample Letter to Request an Educational Evaluation

Change areas highlighted in yellow.

Month Day, Year (Current Date)

Complete missing information and copy and paste your letter into an email or a word document

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: