



**INFORM. EDUCATE. ADVOCATE.**

**PARENT INFORMATION CENTER OF DELAWARE**

## **SPECIAL EDUCATION EVALUATIONS: IS MY CHILD ELIGIBLE FOR SPECIAL EDUCATION SERVICES?**

### **AT A GLANCE**

If you believe that your child may have a disability that is affecting their success in school, and that your child may need special education and related services, you have the right to request that your school conduct an evaluation in order to determine whether your child is eligible for special education and related services at no cost to your family. If you request an evaluation, the school must respond in writing and either request your consent for an evaluation, or inform you as to why the school does not believe that an evaluation would be appropriate.



### **WHAT IS THE PURPOSE OF AN EVALUATION?**

Before your child's school and you can decide whether your child can receive special education and related services, your child must receive an evaluation. The purpose of the evaluation would be to determine:

- (1) whether your child has a disability and may need special education and related services, and is therefore eligible to receive special education services; and
- (2) if your child IS eligible, what special education and related services your child needs.

### **WHO CAN REQUEST AN EVALUATION?**

An evaluation can be requested by the parent or school personnel. The parent should request the evaluation in writing, date the request, and keep a copy of the request.

On the back of this fact sheet, you will find a sample letter that you can use to request an evaluation.

**PIC is a statewide non-profit organization with a mission to improve health and educational outcomes for children and youth by empowering them, their families and the professionals who serve them. For more information visit [www.picofdel.org](http://www.picofdel.org) or call 302-999-7394**





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## **SAMPLE LETTER REQUESTING AN EVALUATION**

Month, Day Year

Specific Name, Title of Person (Ms. Susan Jones, Principal)

School Name

School Street Address

City, State Zip

Dear Ms. Jones,

I am requesting that my daughter/son \_\_\_\_\_ (child's name) \_\_\_\_\_, date of birth \_\_\_\_\_ (insert date) \_\_\_\_\_, receive an educational evaluation because I believe that my child may be eligible to receive special education and related services under the Individuals with Disabilities Education Act (IDEA), or under Section 504.

**Indicate reasons for your request below:**

I believe my child may be eligible for special education because \_\_\_\_\_ (describe your concerns) \_\_\_\_\_

Kindly inform me as soon as possible if you have a "consent to evaluate" form that I must sign, and/or prior written notice requesting my consent for an evaluation, within 10 school days.

Please contact me if you require any additional information from me.

Thank you,

[Your signature]

Your printed name

[Your address]

[Street address]

[City, State, Zip code]

[Your phone number(s) with area code]

[Email address]



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