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| SAMPLE RE-EVALUATION LETTER  YOUR NAMEYOUR ADDRESSYOUR PHONE NUMBER            DATE  PRINCIPAL  CHILD’S SCHOOL  ADDRESS  Dear (Principal’s name):               I am the parent of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, whose date of birth is\_\_\_\_\_\_\_\_\_\_\_\_\_, and who is a student in the \_\_\_\_\_\_\_ grade.               I believe that \_\_\_\_\_\_\_\_\_\_ needs to be re-evaluated.  The current educational program/placement may be inappropriate and in order to determine an appropriate placement and/or program a complete re-evaluation is needed (you should list the reasons why you are requesting a re-evaluation to be conducted).  I understand that by law, I am a member of the MDT team.  Please contact me at the above phone number to obtain my input.              I hereby give my consent for the re-evaluation to be done.  I understand that under state regulations, the evaluation must be completed, and a report be given to me within 60 calendar days from the date of my consent.              Should you have any questions with this request, please contact me at the above address and/or phone number.              Thank you.                                                                                                    Sincerely,                                                                                                  (YOUR NAME) |
| **\* \* REMEMBER TO KEEP A COPY FOR YOUR RECORDS!** |