

PARENT REQUEST FOR SPECIAL EDUCATION ASSESSMENT

Date: _____

To whom it may concern,

I am requesting that my child be evaluated for special education services. I have completed the Developmental Checklist on the Denton ISD website and have the following concerns about my child's development:

I understand that an assessment professional will contact me and that I will need to sign a form giving my final informed consent for this evaluation, within 15 school days. I look forward to hearing from you.

Parent name _____

Child's name _____

Child's Date of Birth ____/____/____

Address _____

Phone number _____

Email _____

Parent: Please **deliver** or **email** this letter and the Developmental Checklist to Special Education at:

Denton ISD Special Education Department
1303 North Elm
Denton TX, 76201

Fax: 940-369-4972

Email: aparker@dentonisd.org