

[DATE]

RE: [FULL NAME OF CHILD/STUDENT]

DOB: [CHILD'S/STUDENT'S BIRTHDATE]

To: [NAME of SPECIAL EDUCATION DIRECTOR or SCHOOL PSYCHOLOGIST]

[NAME of SCHOOL]

I am requesting my child be assessed for special education eligibility. My child has a Fetal Alcohol Spectrum Disorder (FASD) and is struggling educationally. FASD is a brain-based disability that often manifests in variable learning challenges, behavioral challenges (including difficulty with self-regulation) and symptoms that present similarly to those with mental health needs or autism.

In addition to any areas identified by the school providers and those identified in my child's educational history and records, I am requesting that the following areas of concern be assessed:

[LIST ALL AREAS OF POTENTIAL NEED RELATED TO THE INDIVIDUAL CHILD/STUDENT]

I am requesting that the individuals assessing my child are knowledgeable of FASD, how it manifests in the educational setting, which interventions are supportive, and how it is often misperceived. Expertise in FASD and neurobehavioral approaches are essential to accurate assessment and analysis of data and appropriate recommendations to the IEP team.

Please provide me with an assessment plan that delineates the areas to be evaluated and who will be completing each portion of the evaluation so that we may agree on how best to proceed. I look forward to participating in the evaluation process and sharing my observations and experience with the assessment team.

Sincerely,

[SIGNATURE of PARENT/CAREGIVER/GUARDIAN/EDUCATION RIGHTS HOLDER]

[PRINTED NAME of PARENT/CAREGIVER/GUARDIAN/EDUCATION RIGHTS HOLDER]

[EMAIL ADDRESS & PHONE NUMBER of PARENT/CAREGIVER/GUARDIAN/EDUCATION RIGHTS HOLDER]