

Name of School: \_\_\_\_\_

District: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Dear Child Study Team

Today I am officially requesting a special education assessment for the above named child in all areas of suspected disabilities. I hereby give the school my informed consent to evaluate my child.

While I respect the SRBI process, I understand that special education testing may not be deferred so that SRBI can be tried. I also understand that the two can be done concurrently and that is my wish.

Connecticut State Regulations requires that an individualized education program shall be implemented within 45 school days of this referral, exclusive of the time required to obtain parental consent.

I will do everything in my power to expedite the process and to work cooperatively with you and the team.

If you have any questions you can contact me at by phone or email.

Thank you for your timely consideration of this matter.

Sincerely yours,

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Numbers cell and home

\_\_\_\_\_  
Email Address