

TEAM Evaluation Request Letter

LETTER TO SCHOOL DEPARTMENT

Date of request _____

Dear _____,
(school principal)

As the parent/guardian of _____, I am requesting a TEAM evaluation for my child.

I am concerned about the following areas in which my child is experiencing difficulties:

I would appreciate meeting with the Educational Team Facilitator before the testing begins so that I can share important information about my child and learn more about the testing process. In addition, I would like to review a written copy of the assessments performed on my child prior to the Team Meeting, which I understand will occur forty-five days after you receive my signed consent.

Thank you for your prompt consideration of this matter. I am happy to assist this process in any way possible. I look forward to hearing from you.

Sincerely,

(signature of parent/guardian)

(printed name of parent/guardian)

If you have any questions, please contact _____ (child's pediatrician) at -
_____.

Cc: Primary Care Provider