

To: New York City Department of Education  
Committee on Special Education, District # \_\_\_\_  
School Based Support Team, PS \_\_\_\_\_

Re: Name of Child  
Child's NYC ID# if available (if not, provide DOB)

To whom it may concern:

I am the parent of (Name of Child). I am writing to refer (Child's first name) for evaluation of eligibility for special education. (Child's first name) is currently attending the \_\_ grade at PS \_\_\_\_\_. (If child is not in school, indicate, and delete School Based Support Team as addressee above.)

IF APPROPRIATE: (Indicate if there is a specific concern. Eg, I am concerned that (Child's name) may be having difficulty with writing, so I am requesting that the evaluation include an Occupational Therapy assessment. )

I understand that my consent is required in writing for my child to be evaluated to determine whether s/he is eligible for special education, and again to begin providing any recommended services.

My mailing address is \_\_\_\_\_ and my daytime telephone number is \_\_\_\_\_.

Thank you for your prompt attention to this referral.

Very truly yours,

\_\_\_\_\_