

Today's Date (include month, day, and year)

Parent Name  
Street Address  
City, State, Zip Code  
Daytime telephone number

Name of Principal  
Name of Special Education Administrator or Name of 504 Coordinator  
Name of School Counselor and School Nurse  
Name of School  
Street Address City, State, Zip Code

Dear **(Add Names)**,

I am writing to request that my child, **STUDENT FULL NAME, DATE OF BIRTH**, in **X GRADE** be evaluated by the school for formal academic supports and services. **STUDENT NAME** is struggling since her traumatic brain injury (TBI) that occurred on **DATE**. I believe **STUDENT NAME** needs formal academic supports and/or services at school to learn.

*Parent should add one or more sentences stating what their biggest concerns are here.*

I understand that I must provide written permission for my child to be evaluated. Please consider this signed, dated letter my written permission to begin the evaluation process for my child. I would be happy to talk with you about **STUDENT NAME**. You can send me information or call me. Thank you for your prompt attention to my request.

Sincerely,

Parent Name  
Parent phone  
Parent email

\*Include healthcare documentation of student's medical diagnosis of brain injury

\*\*Sign this letter and keep a copy of the letter.