

## **Request For Multidisciplinary Team Evaluation / Meeting**

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

**Student Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Dear Principal:**

**I am the parent of the above listed child and he/she was recently diagnosed with attention-deficit/hyperactivity disorder. Since my child entered school, there have been raising concerns about his/her academic performance and behavior. My child is not doing well in school and may need special education services.**

**I am therefore requesting a multidisciplinary team evaluation and meeting to determine if my child is eligible for special education and/or related services under both the IDEA (including the IDEA "Other Health Impairment" category) and Section 504, in accordance with the IDEA regulations 34 CFR 300.7, plus the public education regulations of this state.**

**I look forward to hearing from you and to working with you and your staff to ensure a successful educational experience for my child.**

**Sincerely,**

**Signature:** \_\_\_\_\_

**Name:** \_\_\_\_\_

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

\_\_\_\_\_

**Phone:** \_\_\_\_\_