

# Procedures for Requesting an Evaluation

A dated letter should be sent to the chairperson of the district's committee on special education. The name and address is included at the bottom of this page.

The letter should include the following:

Child's Name

Child's date of birth

Child's address

Child's grade

Child's School

Reasons you are requesting the evaluation

Detailed difficulties your child is having & the impacts of those difficulties on your child

The letter should be sent to:

Mr. Chris Cinicola

CSE Chairperson

Department of Education

Committee on Special Education

82-01 Rockaway Blvd., 2nd Fl.

Ozone Park, NY, 11416

The following is a template for requesting an evaluation, which can be personalized depending on the child's situation.

Date

Mr. Chris Cinicola

CSE Chairperson

Department of Education

82-01 Rockaway Blvd., 2nd Fl.

Ozone Park, NY, 11416

Phone number: 718-642-5715

Fax: (718) 642-5891

Dear Mr. Cinicola,

I am writing to request an (initial/speech/OT/PT) evaluation of my (child/student), (child's name). (She/He) is \_ years old and a ( ) grade student at Holy Child Jesus Catholic Academy, 111-02 86<sup>th</sup> Avenue, Richmond Hill, NY 11418.

I am requesting this evaluation because my (son/daughter/student) is having difficulty with (name difficulties). As a result of these difficulties, my child is experiencing (...).

If you have any questions please feel free to contact me at (your contact information).

Sincerely,

Parent Name

Child's Information

Child's name:

DOB: Grade:

Current Address:

Current Phone Number:

Parent's Names:

School: Holy Child Jesus Catholic Academy 111-02 86<sup>th</sup> Avenue Richmond Hill, NY 11418

Phone: 718-849-3988 Fax: 718-850-2840