

Appeal for Special Education Needs Assessment Decision

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To Whom It May Concern,

I am writing to formally appeal the decision made regarding the special education needs assessment for my child, [Child's Name], who is currently enrolled in [School Name]. On [Date of Decision], I received notification that the request for an assessment was denied. I believe this decision warrants reconsideration due to the following reasons:

- [Reason 1: Provide details and context]
- [Reason 2: Provide details and context]
- [Reason 3: Provide details and context]

It is my understanding that under [Applicable Laws/Policies], my child is entitled to an evaluation given the challenges he/she has been facing in [Specific Areas of Concern]. I have attached relevant documentation that supports this appeal.

I kindly request a review of my child's situation and a reconsideration of the previous decision. Please let me know if there is any additional information you require or if there are further steps I need to take in this process.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Relationship to Child]