

Request for Adult Learning Disability Assessment

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient's Name]

[Recipient's Title]

[Organization's Name]

[Organization's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request an assessment for learning disabilities as an adult. I have been experiencing difficulties in [briefly describe issues, e.g., reading, writing, concentrating] that have impacted my daily life and professional performance.

I believe that an assessment will provide valuable insights into my learning style and help identify strategies and accommodations that may support my needs. I have previously [mention any relevant experience or prior assessments, if applicable].

Please let me know the steps necessary to initiate this assessment process and if there are any forms or additional information required from my side.

Thank you for considering my request. I look forward to your prompt response.

Sincerely,

[Your Name]