

# Request for Learning Disability Assessment

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Title]

[School/Organization Name]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request a learning disability assessment for my child, [Child's Name], who is currently in [grade/class] at [School Name]. We have observed several challenges that [he/she/they] faces in [specific areas of concern, e.g., reading, writing, mathematics], which may indicate a learning disability.

We believe that a thorough assessment would provide valuable insights into [Child's Name]'s learning needs and help us formulate an appropriate educational plan to support [his/her/their] development.

Please let us know the necessary steps to initiate this assessment process. We appreciate your attention to this matter and look forward to your prompt response.

Thank you for your consideration.

Sincerely,

[Your Name]