

# Eligibility Request for Specialized Learning Support Services

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your 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 an eligibility assessment for specialized learning support services for my child, [Child's Name], who is currently enrolled in [grade/class] at [School Name].

[Child's Name] has been experiencing challenges in [briefly describe the specific learning challenges], which I believe may hinder their academic progress. I am concerned about their ability to succeed without additional support.

I would appreciate it if we could schedule a meeting to discuss this matter further and explore the available support services. Please let me know a convenient time for us to meet.

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

Sincerely,

[Your Name]