



SPECIAL EDUCATION DEPARTMENT

Request for Assessment

Date OUSD Received: _____

Your Name: _____

Address: _____

City, Zip Code: _____

Daytime telephone number: _____

Date: _____

Oakland Unified School District/Diagnostic Center
3550 64th Avenue
Oakland CA 94605

To whom may concern;

I am writing to request that my child, (Child's Name) _____
be evaluated for special education services. I am worried that my children is not doing well and believe
they may need special services in order to learn.

Specifically, I am worried, because: (give a few direct examples of your concerns)

We have tried the following to help my child:

I understand that I have to give written permission in order for my child to be evaluated. I would be happy to talk with you about my child. Thank you for your prompt attention to my request.

Sincerely,

(Your Signature) _____ Date: _____

Please attach any reports or document that you have received about your child from anyone who has assessed or helped your child (for example ,doctors ,teachers, specialist, etc).