

Place your school name and address/phone

Date: _____ -

To Whom It May Concern

Attention: School Administrator and School Special Services Personnel

Dear To Whom It May Concern:

Subject: Full Psycho-education battery

_____ (Name of student being referred) is attending _____ (your school name) and presently is in the ___ grade. She was referred to our school Administration and Special Needs Program because of the difficulty she is experiencing within the classroom with her classwork and understanding of her classwork and assignments. Her greatest difficulties at this time are:

1. _____
2. _____
3. _____

We have documented these difficulties and have attempted the following interventions to help find success:

1. _____
2. _____
3. _____

It is with our school's Special Need's program student study team's suggestion, the teacher and the school administration, that the student be tested at the school district within her home address. The parents are aware of their legal rights and look forward to what a full psycho-educational battery would find. We are asking that a WISC-3 be completed if possible or an abilities and processing test be given alongside any academic testing. We value the testing the district provides legally for the local private school and appreciate your services in "search and seek". Your contribution to this student's academic success is greatly appreciated

If you have any questions, please feel free to call our Administrator (Administrator's name) at _____ (phone number). Thank you very much.

Sincerely Yours,

(School Administrator or Special Need's Teacher's name)