

# SAMPLE LETTER OF REFERRAL FOR FIRST TIME REQUESTS



(School IEP Team or Committee on Special Education Office (CSE)\*)  
(Address)

Re: (child's name) (date of birth) (name of school) (ID or OSIS#)  
(Date)

Dear (Chairperson),

I am referring my child, (name), for a full evaluation because I believe that my child may require special education programs or services. I would like **him/her** to have the following evaluations: **psychological, psychoeducational, occupational therapy, physical therapy, speech and language pathology** (*include all evaluation requests, delete those not requested*).

I am available to sign the consent to evaluate as soon as it's available, and I look forward to hearing from you.

Sincerely,  
(Your name)  
(Your address)  
(Your telephone number)

## Notes

Keep a copy of the letter for your records.

If you haven't heard from the school or received the consent to evaluate within 10-14 days, contact them to follow up.

\*Children who attend **public school** are evaluated by their school's IEP Team. Children who attend **private, charter, parochial, state-approved non-public schools, or are not in school** are evaluated by the CPSE or CSE Office according to the district in which your child lives. Contact information for the CSE Offices can be found on the NYC DOE website.

Evaluations must be free of charge.

Evaluations must be conducted in all areas of suspected disability and in the child's native language.

It may be helpful to attach a doctor's note requesting specific evaluations.

For more information about the referral and evaluation process, read INCLUDEnyc's Special Education Timeline tip sheet.